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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations							
SHR	JECT:	OMPANY						
SOD		(Name of corpora	ition)					
DOC	UMENT NUMBER:	F92000000016	A PARTY					
The e	enclosed Statement of Change	of Registered Office/Agent ar	nd fee are submitted for filing.					
Pleas	e return all correspondence co	oncerning this matter to the fol	nd fee are submitted for filing. TEB 3 PA 2. TO THE STATE OF THE STA					
		NATALIE M. POTTS	FEST					
		(Name of perso	ORDER O					
FIRST SOUTHWEST COMPANY								
(Name of firm/company)								
325 N. SAINT PAUL ST., SUITE 800 (Address)								
		DALLAS, TX 75201-						
		(City/state and zip	code)					
	urther information concerning	-	214-953.4179					
NA	TALIE M. POTTS (Name of po	erson)	at (214) 953-4000 (Area code & daytime telephone number)					
Enclo	osed is a \$35.00 check made p	payable to the Department of S	tate.					
	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	ted for a corpora	ons 607.0302, 617.0302 tion organized under the	e laws of the S	State of	DELAWA		_in order
to change its regi	istered office or r	egistered agent, or both	n, in the State o	of Florida.			
1. The name of th	ne corporation:	FIRST SOUTHWES	T COMPANY	<u> </u>			
2. The principal of	office address:	325 N. SAINT PAUI	L ST. SUITE	800			
		DALLAS TX 75201	-3852	· ***	, ** ,		· · · · ·
3. The mailing ac	ldress (if differen	t):			··· 		
4. Date of incorp	oration/qualificat	ion: 3/22/1946	Documer	nt number: F	040000	0003	354
5. The name and Florida Depart		the current registered ag	gent and registe	ered office on	file with the		
	CT Corporation	System					
	1200 South Pin	e Island Road			- <u>.</u>		
	Plantation, Flor	rida 33324				Z:	04 E
6. The name and (if changed):	street address of	the new registered agen	it (if changed) :	and /or registe	red office	LAHASS	OLFEB 13 PM 12:
	WHITE, JOHN		· .			_ FF	圣口
!	20 N. ORANGE	AVE. SUITE 1209					
•		(P.O. Box or personal m	nailbox NOT accept	able)			7 0
	ORLANDO FL	32801					. <u>.</u>
The street addres	ss of its registere identical.	d office and the street a	address of the	business offic	ce of its regist	tered age	nt, as
		esolution duly adopted been notified in writing					
May f	aufflig enature of an officer of	director)	DO	N CAMPBEI	LL, SECRET		
I hereby accept to I further agree to duties, and I am being filed mere been notified in the	the appointment to comply with the familiar with an ly to reflect a che	as registered agent and e provisions of all state d accept the obligation ange in the registered o	d agree to act utes relative to n of my positio office address,	•	• •	· · · · · · · · · · · · · · · · · · ·	nce of my cument is on has
Jaly	Signature of Registered	Agent)		2-12-	04 (Date)		
If signing on bel	_	Barry			for sone t		
	(Typed or Printed Nar	me)	_		(Capacity)		

* * * FILING FEE: \$35.00 * * *