## F05000000926

| (Re                     | questor's Name)   | <del></del> |
|-------------------------|-------------------|-------------|
| — (Ad                   | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nam | ne)         |
| (Document Number)       |                   |             |
| Certified Copies        | _ Certificates    | of Status   |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: December 4, 2018

Order#: 512901-010

Re: BROUGH AND STEPHENS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_ Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha  | ange is submitted for a corpo   | 1302, 617.0302, 607.1308, or 617.1308, Florida Statutes<br>oration organized under the laws of the State of <mark>TN</mark><br>flice or registered agent, or both, in the State of Florida.  |                  |
|---|---|--|------------------|
|   | the corporation: BROUGH A   |  |                  |
| 2. The principal  | office address: 5050 POPL   | AR AVE., SUITE 1020 MEMPHIS, TN 38157  |                  |
| 3. The mailing a  | address (if different):   |  |                  |
| 4. Date of incor  | poration/qualification: 02/1  | 11/2005 Document number: F05000000926  |                  |
|   | d street address of the curren<br>rtment of State: (If resigned,                            | nt registered agent and registered office on file with the enter resigned)   |                  |
|   | NRAI SERVICES, INC  |  |                  |
|   | 1200 South Pine Island Ro   | pad  |                  |
|   | Plantation, FL 33324  |  |                  |
| 6. The name and (if changed):                                   | i street address of the new re  | egistered agent (if changed) and /or registered office   |                  |
|   | Corporation Service Comp  | oany   |                  |
|   | 1201 Hays Street  |  |                  |
|   | Tallahassee   | P.O Box NOT acceptable   |                  |
|   | r dilaridssee   | FL 32301   |                  |
| The street address changed will                                 | ess of its registered office as<br>be identical.  | nd the street address of the business office of its registe  | ered agent, 📆    |
| Such change was authorized by the                               | as authorized by resolution on board, or the corporation                                    | duly adopted by its board of directors or by an officer s<br>has been notified in writing of the change.   | so               |
| MANGE Signatu   | The of the of director  | MICHAEL E. STAPHENS TO   | <u>cestue</u> cy |
| I further agree performance of agent. Or, if the hereby confirm | to comply with the provision<br>my duties, and I am familia<br>is document is being filed n | red agent and agree to act in this capacity.<br>ns of all statutes relative to the proper and complete<br>ar with and accept the obligation of my position as regi<br>nerely to reflect a change in the registered office addre<br>sen notified in writing of this change. | istered<br>ss. l |
| By: L)  | co Cokuble  | 12/04/2018   |                  |
|   | half of an entity:  | Date   |                  |
| GRACE E. KIRB   | Y, ASSISTANT VICE PRESI   | DENT   |                  |
|   | aned or Printed Name  | <del></del>  |                  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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