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ACCOUNT NO. : I2000000195

REFERENCE

7426667

AUTHORIZATION C

COST LIMIT

ORDER DATE: December 21, 2011

ORDER TIME: 12:04 PM

ORDER NO. : 034361-057

CUSTOMER NO: 7426667

CHANGE OF AGENT

NAME:

EVERBANK WEALTH MANAGEMENT,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State statement of change is submitted for a corporation organized under the laws of the State of Del in order to change its registered office or registered agent, or both, in the State of Flori	laware	
1. The name of the corporation: EVERBANK WEALTH MANAGEMENT, INC.		
2. The principal office address: 501 Riverside Avenue, Jacksonville, FL 32202		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/27/2010 Document number: F1000000	04946	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he	
CT Corporation System		
1200 South Pine Island Road		**
Plantation, FL 33324	ZUIZ SE	3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRETARY SECRETARY	
Corporation Service Company		
1201 Hays Street	FLORE	PM 4: 30
(P.O. Box NOT acceptable)	SE.	30
Tallahassee, FL 32301		
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered a	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an official authorized by the board, or the corporation has been notified in writing of the change.	icer so	
Maureen Cathell, Vice Presi		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comple of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. Corporation Service Company	ete perfor gent. Or, onfirm th	mance if this at the
December 20, 2011		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
Sylvia Queppet, Asst. VP (Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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