

F110000000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

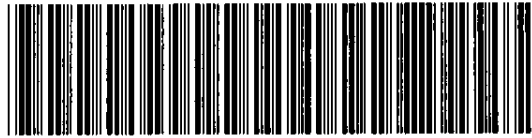
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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change

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DEPARTMENT OF STATE
16 APR -4 AM 11:04

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16 APR -4 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 05 2016
A RAMSEY

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JTA Securities Management, Inc

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JTA Securities Management, Inc
Name of Corporation

DOCUMENT NUMBER: F11 000 000 571

The enclosed Statement of Change of Registered Office/Agent and fee, are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad Brooks, CEO

Name of Contact Person

JTA Securities Management

Firm/Company

14801 Quorum Drive, Suite 260

Address

Dallas, TX 75254

City/State and Zip Code

bbrooks@titansecurities.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie L. Sullivan

Name of Contact Person

at (972) 980-5920

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. 7

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JTA Securities Management, Inc.
2. The principal office address: 14801 Quorum Drive, Suite 260
Dallas, TX 75254
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/08/2011 Document number: F11 000 000 571
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Truesdell, Paul
200 NW 52nd Avenue
Ocala, FL 34482

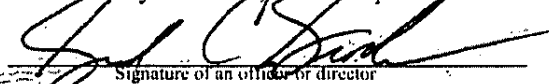
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Your Capital Connection, Inc.
417 E. Virginia Street, Suite 1
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Brad Brooks CEO

Printed or typed name and title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

04/04/2016

Date

If signing on behalf of an entity: Seth Neeley signing on behalf of Your Capital Connection, Inc.

Seth Neeley

Typed or Printed Name

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

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