## F110000000990

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	<del>+</del> )	
PICK-UP	☐ WAIT	MAIL	
(Bi	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



000254397380

12/20/13---01018---002 \*\*35.00

SECRETARY OF STATE SECRETARY OF STATE

RA ROCHS
10 13/1/3



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera Norris for Alex Smetana

Date: December 18, 2013

Order#: 918404-119

Re: SOVEREIGN CAPITAL MANAGEMENT GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

OUCA.XCOA

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

statement of change is s	ubmitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of <b>Delaw</b> stered agent, or both, in the State of Florida.	
1. The name of the corp	oration: SOVEREIGN CAR	PITAL MANAGEMENT GROUP, INC.	. <u></u>
	nddress:rive, Richmond, VA 2323	3	
3. The mailing address (	(if different):		
4. Date of incorporation	/qualification: 03/03/2011	Document number: F1100000099	0
	address of the current registered of State: (If resigned, enter resig	d agent and registered office on file with the gned)	
NRAI	Services, Inc.		る品質
1200	South Pine Island Road		新原 DEC 20
Planta	ation, FL 33324		77
6. The name and street a (if changed):	address of the new registered ag	gent (if changed) and /or registered office	D PHIZ 39
Corpo	oration Service Company		
1201	Hays Street		
Tallal	P.O. Box N hassee, FL 32301	OT acceptable	
The street address of its as changed will be iden	s registered office and the stre	et address of the business office of its registe	red agent,
		ted by its board of directors or by an officer snotified in writing of the change.	
()060	<u></u>	Dona Priebe, Vice President	
I further agree to comp performance of my duti	pointment as registered agent of ply with the provisions of all st ies, and I am familiar with and ment is being filed merely to r e corporation has been notified	Printed or typed name and title and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as regi- eflect a change in the registered office addre- it in writing of this change.	stered ss, I
By: Aughe a San	· · ·	12/12/2013	
	Registered Agent	Date	
If signing on behalf of	an entity:		
	on, Asst. Vice President		

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 \* \* \*