F94000005553

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800238963038

KA Rocky

DEPARTMENT OF STATE

2112 SEP 28 PH 12: 30

SEP 2 8 2012

T. ROBERTS



: () +	1 P 11 H A	IIIIN	SERVILE	CUMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 318029

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 20, 2012

ORDER TIME : 10:19 AM

ORDER NO. : 318029-015

CUSTOMER NO: 7901018

CHANGE OF AGENT

NAME: MID-ATLANTIC SECURITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of North Carolina or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: MID-ATLANTIC SECURITIES, INC.
2. The principal	office address: 4001 Barrett Drive, Suite 100, Raleigh, NC 27609
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 10/26/1994 Document number: F94000005553
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324 US
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
A Signatur	Transme Jomes GLOVER TREASMORT Printed or typed name and title
I hereby accept I further agree I performance of agent. Or, if thi hereby confirm, Corporatio	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. on Service Company
By: Sign	native of Registred Agent Date
	half of an entity:
	pet, Asst. Vice President yped 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