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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE: 923678

AUTHORIZATION

COST LIMIT

ORDER DATE: March 13, 2009

ORDER TIME : 2:56 PM

ORDER NO. : 923678-015

CUSTOMER NO: 7695868

CHANGE OF AGENT

NAME: NBC SECURITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Alabama ered agent, or both, in the State of Florida.
1. The name of	the corporation: NBC SECURITIES	S, INC.
2. The principal 1927 Firs	office address:st Avenue North, 4th Floor, Birr	ningham, FL 35203
_	address (if different): x 10686, Birmingham, AL 3520	2
4. Date of incor	poration/qualification: 05/03/1999	Document number: _F9900002268
5. The name and	d street address of the current registered agreement of State:	gent and registered office on file with the
	Jeremy Hickey	
	5150 Tamiami Trail North	
	Naples, FL 34103	TALL T
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Corporation Service Company	Fig. R
	1201 Hays Street	
	(P.O. Box NOT acceptable)	NOTE 2
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the orporation has been no	by its board of directors or by an officer so tified in writing of the change.
) // (Signati	Ult Cult	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bet corporation has Corpora	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change. tion Servica Company	d agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Ug	gnature of Registered Agent)	03/1 1 /2009
If signing on be	chalf of an entity:	, ——,
Elizabeth A	. Dawson, Asst. Vice President	
	Typed or Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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