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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

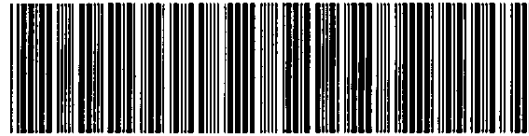
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 26 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Franklin Street Asset Management Group, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mandy Force

Name of Person

Franklin Street

Firm/Company

500 N. Westshore Blvd. Suite 750

Address

Tampa, FL 33609

City/State and Zip Code

mforce@fsfp.com

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

For further information concerning this matter, please call:

Mandy Force

Name of Person

at ( 813 )

658-3357

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Franklin Street Asset Management Group, LLC

2. (a) Principal office address of limited liability company: 500 N. Westshore Blvd. Suite 750

☒ (Note: **MUST BE STREET ADDRESS**) Tampa, FL 33609

(b) Mailing address of limited liability company: Same as Above

☐ (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

3. Date of filing/registration in Florida 12/24/2007 4. Document number L07000126966

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Andrew Wright

Registered Office Address: 5420 Bay Center Dr. Suite 400  
Tampa, FL 33609

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 500 N. Westshore Blvd. Suite 750  
**(MUST BE FLORIDA STREET ADDRESS)** Tampa, FL 33609

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mandy Force  
Signature of a member or authorized representative of a member

Mandy Force

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mandy Force  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00