

L10000003806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

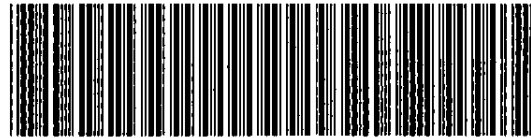
(Business Entity Name)

(Document Number)

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12/23/10--01017--009 \*\*35.00

2011 JAN 13 PM 12: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JAN 14 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2010

MATTHEW GRIGGS  
THE SOUTHERN WHOLESALE GROUP  
224 E. GARDEN ST. #314  
PENSACOLA, FL 32502

SUBJECT: THE SOUTHERN WHOLESALE GROUP, LLC  
Ref. Number: L10000003806

We have received your document for THE SOUTHERN WHOLESALE GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 010A00029880

ATTN: Carolyn Lewis  
850-245-6030

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Southern Wholesale 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:

Matthew Griggs  
Name of Person

The Southern Wholesale Group LLC  
Firm/Company

7 Rue May St  
Address

Pensacola FL 32507  
City/State and Zip Code

matthewg@mcgfinancial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Griggs at (850) 281-4545  
Name of Person 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

INHS18 (5/08)

\$35 check was cashed by the state 12/10

**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: The Southern Wholesale Group, LLC

2. (a) Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

224 E Garden St #314

(b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

Pensacola FL 32504

3. Date of filing/registration in Florida

1/11/2010

4. Document number

L100000038067-1672085

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

Registered Agent:

The Company Corporation

Registered Office Address:

2711 Centerville Rd Suite 400  
Wilmington DE 19808

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

**NEW Registered Agent:**

Matthew Griggs

**NEW Registered Office Address:**

7 Rue Max St

**(MUST BE FLORIDA STREET ADDRESS)**

Pensacola, FL 32504

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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

NHS18 (05/08)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN 13 PM 12:20

FILED