

L10000038006

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 111655 7565605

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 29, 2014

ORDER TIME : 1:0 PM

ORDER NO. : 111655-010

CUSTOMER NO: 7565605

CHANGE OF AGENT

NAME: CARTER VALIDUS BROKER DEALER  
INVESTMENT MANAGEMENT COMPANY,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2014

CSC  
ATTN: SUSIE KNIGHT

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: CARTER VALIDUS BROKER DEALER INVESTMENT  
MANAGEMENT COMPANY, LLC  
Ref. Number: L10000038006

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE COMA AND THE SUFFIX "LLC" IS MISSING IN THE CORPORATE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 014A00009160

2014 APR 30 11 21 AM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Carter Validus Broker Dealer Investment Management Company, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>4211 W BOY SCOUT BLVD STE 500</u> <u>TAMPA, FL 33607</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>4211 W BOY SCOUT BLVD STE 500</u> <u>TAMPA, FL 33607</u>
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3. <u>04/08/2010</u> Date of filing/registration in Florida	4. <u>L10000038006</u> Document number
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5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lisa A. Drummond

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4211 W BOY SCOUT BLVD STE 500

TAMPA, FL 33607

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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]  
Signature of a member or authorized representative of a member

John E. Carter, Manager

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 605, 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]  
Signature of Registered Agent

Karen Rose, Asst VP

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

FILING FEE: \$25.00

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