

L11000042522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 15 2012

EXAMINER



500215669195

RECEIVED
DEPARTMENT OF STATE
12 FEB 14 PM 1:59

FILED
12 FEB 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 093974 7867494

AUTHORIZATION

Spuddelema

COST LIMIT \$ 25.00

ORDER DATE : February 13, 2012

ORDER TIME : 10:27 AM

ORDER NO. : 093974-004

CUSTOMER NO: 7867494

CHANGE OF AGENT

NAME: 25 CAPITAL ADVISORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

**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: 25 CAPITAL ADVISORS, LLC

2. (a) Principal office address of limited liability company: 5032 Parkway Plaza Blvd.
(Note: **MUST BE STREET ADDRESS**) Charlotte NC 28217

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

04/08/2011

L11000042522

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: NRAI Services, Inc.

Registered Office Address: 515 E. Park Ave.
Tallahassee FL 32301

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

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee

FILED
12 FEB 14 PM 12:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Maurcen Cathell
(Signature of a member or authorized representative of a member)

Maurcen Cathell Authorized Person
(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.

By: Sylvia Queppet
(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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