

# H103000002537

Florida Department of State  
Division of Corporations  
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**EXAMINER**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC REGISTERED AGENT CHANGE  
SOUTHERN CAPITAL BROKERAGE COMPANY, LLC**

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# **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: Southern Capital Brokerage Company, LLC

2. (a) Principal office address of limited liability company: 1401 Livingston Ln,

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

Jackson, Mississippi 39213

(b) Mailing address of limited liability company: 1401 Livingston Ln,

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

Jackson, Mississippi 39213

7/11/2003

M03000002339

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:

LEE, TOMMY W

Registered Office Address:

5700 SW 34TH ST

GAINESVILLE FL 32608 US

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

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road,

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation

FL 33324

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

Joseph A. Purvis, Member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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

Mark Williams, AVP, C T Corporation System

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

**FILING FEE: \$25.00**

DNHS18 (05/08)