M05000006704

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EXAMINER



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SUFFICIENCY OF FALTAGE SUFFICIENCY OF FALTAGE

THE SALE OF SALES OF THE CONTRACT OF CORRECTION OF CORRECT





ACCOUNT NO. : 12000000195

REFERENCE: 993367 7858224

AUTHORIZATION

COST LIMIT

ORDER DATE: November 28, 2011

ORDER TIME : 4:02 PM

ORDER NO. : 993367-063

CUSTOMER NO: 7858224

CHANGE OF AGENT

NAME: NAVY FEDERAL BROKERAGE

SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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, as both, in the State of Florida.

1. Name of the limited liability company: NAVY FEDER	AL BROKERAGE SERVICES, LLC
 (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 	•
	Vienna, VA 22180
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
12/06/2005	M05000006704
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301
	Tananassee, TE 32501
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
(MOST BL TEORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the la hat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the case hereby confirmed that the change(s) was/were authorized by iability company or as otherwise provided in the articles of imited liability company. Maure Attel	address of the registered office and the business see of a Florida limited liability company it is
Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agrountly with the provisions of all statules relative to the proping familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a changing that the limited liability company has been notified in	ree to act in this capacity. I further agree to ver and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.
By: Dome totoby	
Signature of Registered Agent) Corporation Service Company G	roog E Virby Aget VD

Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231

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