

MIS00000 7402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

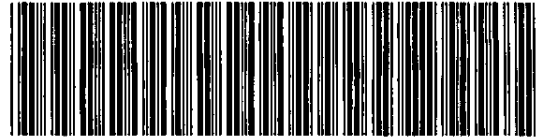
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/16--01002--006 **25.00

2016 OCT 25 P 9 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

OCT 26 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2016

MYRA NICHOLSON
189 S ORANGE AVE., STE 1650
ORLANDO, FL 32801

SUBJECT: 79 CAPITAL SECURITIES, LLC
Ref. Number: M15000007402

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for 79 CAPITAL SECURITIES, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 316A00021371

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2016 OCT 25 P 4 40
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TALLAHASSEE, FLORIDA



From the Desk of
Myra Nicholson, Esquire

October 3, 2016

Ms. Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 79 Capital Securities LLC Name Change
Ref. Number: M15000007402
Letter Number: 116A00020180

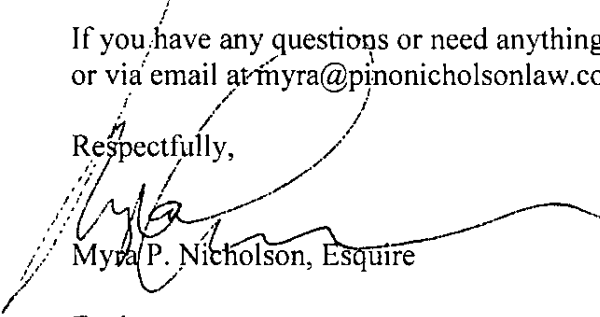
Dear Ms. Bruce:

Enclosed please find the following:

1. Consent letter from Christopher Carroll, President of Delta Security, Inc.;
2. Letter dated September 20, 2016 from you; and
3. The original documents submitted for the name change.

If you have any questions or need anything else, please feel free to contact me at (904) 206-6584 or via email at myra@pinonicholsonlaw.com.

Respectfully,


Myra P. Nicholson, Esquire

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2016

MYRA NICHOLSON
189 SOUTH ORANGE AVE., STE 1650
ORLANDO, FL 32801

SUBJECT: 79 CAPITAL SECURITIES, LLC
Ref. Number: M15000007402

We have received your document for 79 CAPITAL SECURITIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P06000046480.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00020180

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 79 Capital Securities LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Nicholson
Name of Person

PinoNicholson PLLC
Firm/Company

189 South Orange Ave., Ste 1650
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Nicholson at (407) 206-6584
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 25 P 9 40

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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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

September 30, 2016

Ms. Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Consent to Use Similar Name
Delta Securities Company LLC

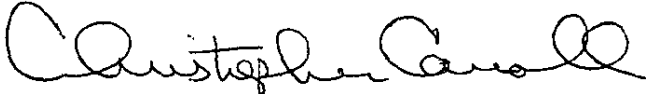
Dear Ms. Bruce:

I am the President of Delta Security, Inc., a Florida corporation. I was contacted by Myra Nicholson concerning a client of hers who would like to use the name "Delta Securities Company LLC". I understand that under Section 605.0112, Florida Statutes, her client cannot use that name in Florida without my consent.

Therefore, I, Christopher Carroll, President of Delta Security, Inc., hereby consent to Ms. Nicholson's client use of the name Delta Securities Company LLC in the State of Florida.

Please feel free to contact me if you have any questions.

Sincerely,



Christopher M. Carroll
President, Delta Security, Inc.

2016 OCT 25 P 4 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: 79 Capital Securities LLC

Enter new principal office address, if applicable: 189 S. Orange Ave., Ste 1650
Orlando, FL 32801
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 189 S. Orange Ave., Ste 1650
Orlando, FL 32801
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M15000007402

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/17/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Delta Securities Company LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Myra Nicholson

New Registered Office Address: 189 S. Orange Ave., Ste 1650

Enter Florida Street Address

Orlando, Florida 32801
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Myra Nicholson
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

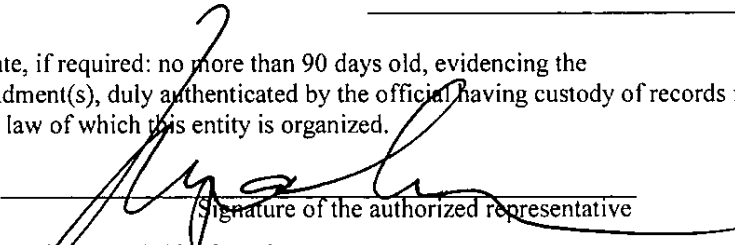
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
Myra Nicholson

 Typed or printed name of signee

Filing Fee: \$25.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "79 CAPITAL SECURITIES LLC", CHANGING ITS NAME FROM "79 CAPITAL SECURITIES LLC" TO "DELTA SECURITIES COMPANY LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF AUGUST, A.D. 2016, AT 11:30 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

4410955 8100
SR# 20165396923

Authentication: 202894860
Date: 08-26-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

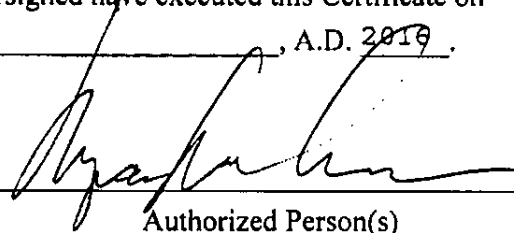
**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: 79 Capital Securities LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to:

Delta Securities Company LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 13th day of July, A.D. 2016.

By: 
Authorized Person(s)

Name: Myra Nicholson

Print or Type