## P07646

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2007 JUN -6 PM 4: 13

DEPARTMENT OF STATE
INSIGH OF CORPORATIONS

C. Goulliette JUN 8 6 2007



EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1 The	order to change its registered office or registered agent, or both, in the State of the corporation: FFP SECURITIES, INC.	
2. The princi	ipal office address: 15455 Conway Road, 2nd Floor, Chesterfie	ld, MO 63017
3. The maili	ng address (if different):	
4. Date of in	acorporation/qualification: October 4, 1985 Document number: P076	546
	and street address of the current registered agent and registered office on file epartment of State:	with the
	C T Corporation System	
1200 South Pine Island Road		
Plantation, FL 33324		<b>07</b> SE TAL
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):		m <b>(7) 1</b>
	Corporation Service Company	트 등 로 <b>(대</b> - 등 등 로 <b>(대</b>
	1201 Hays Street	4: 5: Tate Orida 
	(P.O. Box NOT acceptable)	• • • • • • • • • • • • • • • • • • • •
779	Tallahassee, FL 32301	
as changed	ddress of its registered office and the street address of the business office o will be identical.	rits registered agent,
Such change authorized	was authorized by resolution duly adopted by its board of directors or by by the board, or the corporation has been notified in writing of the change.	an officer so
Hu	• • •	Secretary, EVP General Course
I hereby acc I further ago of my duties document is corporation	cept the appointment as registered agent and agree to act in this capacity, ree to comply with the provisions of all statutes relative to the proper and cs, and I am familiar with and accept the obligation of my position as registes being filed merely to reflect a change in the registered office address, I he has been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
By:	oration Service Company  (Signature of Registered Agent)  (Date)	_
	(Signature of Registered Agent) (Date)	
If signing or	n behalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)