



FILED
Apr 19, 2007 8:00 am
Secretary of State

40069102

DOCUMENT # P98000080788						04-19-2007 90187 030 ***150.00																									
1. Entity Name RAYMOND JAMES SOUTH AMERICAN HOLDINGS, INC.																															
Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			40069111																									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02232007 Chg-P CR2E034 (12/06)																									
City & State			City & State			4. FEI Number 52-2121788																									
Zip			Zip			Applied For Not Applicable																									
Country			Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																											
MATECKI, PAUL L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				Name																											
				Street Address (P.O. Box Number is Not Acceptable)																											
				City																											
				FL Zip Code																											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE:  Jennifer Ackart 3/29/07 727-567-3800																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															