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Cas Cooper Jan 25.

## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Robert Thoma	as Securities, Inc.			
(Name of Corporation)				
DOCUMENT NUMBER:				
	of Registered Office/Agent and fee are submitted ondence concerning this matter to the following:			
Michelle Rowbottom				
(Name of person)	.,			
Raymond James Financial, Inc. – Legal Department				
(Name of firm/company)				
P. O. Box 12749				
(Address)	· · · · · · · · · · · · · · · · · · ·			
(Tadiobb)				
St. Petersburg, FL 33733-2749				
(City/state and zip code)				
For further information concerning this matter, please call:				
Michelle Rowbottom	at <u>( 727 ) 567-5189</u>			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P. O. Box 6327	409 E. Gaines Street			
Tallahassee, FL 32314	Tallahassee, FL 32399			

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation: Robe	ert Thomas Securities, Inc.		
2.		Carillon Parkway, P. O. Box 12749		
	St. Petersburg, FL 33733-2749			
3.	The mailing address (if different):			
4.	Date of incorporation/qualification: 3-	1-95 Document number: 696797		
5.	The name and street address of the current registered agent and registered office on			
	file with the Florida Department of State:			
	Lynn Pippenger			
	880 Carillan Darkway			
	St. Petersburg, FL 33716	AA G		
6.	The name and street address of the new re	egistered agent (if changed and/or registered		
	St. Petersburg, FL 33716  The name and street address of the new registered agent (if changed and/or registered office (if changed):			
	Paul L. Matecki			
	000 C:11 D1			
	St. Petersburg, FL 33716			
The street a	address of its registered office and the stree	t address of the husiness office of its		
	agent, as changed will be identical.	t address of the oddiness office of the		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in wiring of the change.  Jeffrey P. Julien, Treasurer				
(Signature of an	officer, chairman or vice chairman of the board)	(Printed or typed name and title)		
( 0	0,	( Table of Special and all all all all all all all all all al		
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 obligation of my position as				
registered agent. Or, if this document is being filed merely to reflect a change in the registered				
office address, I hereby confirm that the corporation has been notified in writing of this change.				
	12			
(Signature	of Registered Agent)	(Date)		
If signing o	n behalf of an entity:			
Paul L.	<u>Matecki</u>			
	Printed Name)	(Capacity)		

\* \* FILING FEE: \$35.00 \* \* \*