SIGNATURE: TERESA Z LYGATE

above, or on an attachment with all other like empowered.

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STVP
Name	BLUTH, RANDY	Name	ROWLEN, BETTY
Address	2600 CITIPLACE DR, STE 100	Address	2600 CITIPLACE DR, STE 100
City-State-Zip:	BATON ROUGE LA 70808	City-State-Zip:	BATON ROUGE LA 70808
Title	VPD	Title	D
Name	CHANEY, CARL J	Name	HILL, RICHARD T
Address	228 ST. CHARLES AVENUE	Address	2600 CITIPLACE DRIVE, SUITE 200
City-State-Zip:	NEW ORLEANS LA 70130	City-State-Zip:	BATON ROUGE LA 70808
Title	CD	Title	D
Name	SAIK, CLIFTON J	Name	HAIRSTON, JOHN M
Address	228 ST. CHARLES AVENUE	Address	2510 14TH STREET
City-State-Zip:	NEW ORLEANS LA 70130	City-State-Zip:	GULFPORT MS 39501
Title	VP	Title	VP
Title Name	VP SIMMONS, MIKE	Title Name	VP EDEN, WILLIAM

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066682

Entity Name: HANCOCK INVESTMENT SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

2600 CITIPLACE DRIVE SUITE 100 BATON ROUGE, LA 70808

Current Mailing Address:

228 ST. CHARLES AVENUE, SUITE626 ATTN: TERESA LYGATE NEW ORLEANS, LA 70130 US

FEI Number: 20-1004110

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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.

SIGNATURE:

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

Electronic Signature of Signing Officer/Director Detail

04/30/2014 ASSISTANT SECRETARY

Continues on page 2

FILED Apr 30, 2014 Secretary of State CC5711003511

Date

Officer/Director Detail Continued :

Title	VP	Title	ASSISTANT SECRETARY
Name	PALOZZOLA, DAVID J.	Name	LYGATE, TERESA Z
Address	228 ST. CHARLES AVENUE	Address	228 ST. CHARLES AVENUE, SUITE 626
City-State-Zip:	NEW ORLEANS LA 70130	City-State-Zip:	NEW ORLEANS LA 70130
Title	CORPORATE TAX OFFICER		
Name	LESTELLE, ELIZABETH M		
Address	228 ST. CHARLES AVENUE		

City-State-Zip: NEW ORLEANS LA 70130