

F96000000951

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

PSI INSTITUTIONAL ADVISORS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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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 California in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PSI Institutional Advisors, Inc.
2. The principal office address: 701 Western Ave. STE 200 Glendale, CA 91201-2349
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/26/1996 Document number: F96000000951

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.
2731 Executive Park Drive
Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

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 writing of the change.

Drew Adams (Signature of an officer, chairman or vice chairman of the board)
Drew Adams, Vice President (Printed or typed name and title)

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.

C T Corporation System
By: [Signature] (Signature of Registered Agent)

6/9/06 (Date)
Sonni M. Dellenbach (Capacity)

If signing on behalf of an entity: [Signature] (Typed or Printed Name)

Sonni M. Dellenbach
Special Assistant Secretary (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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