

LO8000067871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

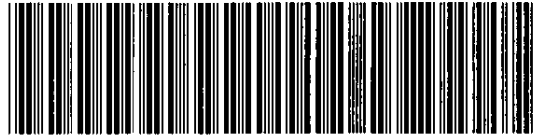
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 14 2009

EXAMINER



Cela Advisors
Independent Investment Advice
Business and Legal Consulting

July 8, 2009

Registration Section
Division of Corporations Division of Corporations
Clifton Building
P.O. Box 6327
Tallahassee, Florida 32314

Re: Cela Advisors, LLC—Change of Address
Document No. L08000067871

Dear Sir or Ms:

Please change the address of record and the mailing address for Cela Advisors, as noted on the attached, as well as changing the Registered Agent/Registered Office.

The new/correct address is:
Cela Advisors
9100 S. Dadeland Blvd.
Suite 1500
Miami, FL 33156

Thank you for your attention to this matter.

Sincerely,

Ana C. Harris

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELA ADVISORS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana C. Harris, Esq., CFP®
Name of Person

Cela Advisors
Firm/Company

9100 S. Dadeland Blvd., Suite 1500
Address

Miami, FL 33156
City/State and Zip Code

aharris@celaadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana C Harris at (305) 788-6389
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Cela Advisors, LLC

2. (a) Principal office address of limited liability company: 9100 S. Dadeland Blvd.

(Note: **MUST BE STREET ADDRESS**) Suite 1500
Miami, FL 33156

(b) Mailing address of limited liability company: 9100 S. Dadeland Blvd.

(Note: **MAY BE POST OFFICE BOX**) Suite 1500-Datran One
Miami, FL 33156

7-14-2008
3. Date of filing/registration in Florida

L08000067871
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Ana C. Harris

Registered Office Address: 10915 S.W. 62 Ave.
Miami, FL 33156

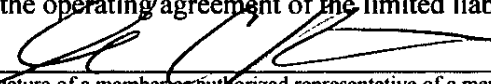
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: Ana C. Harris

NEW Registered Office Address: 9100 S. Dadeland Blvd.
(MUST BE FLORIDA STREET ADDRESS) Suite 1500
Miami FL 33156

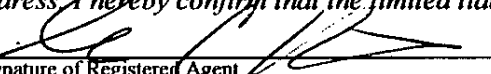
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

ANA C. HARRIS
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00