## L15000065451

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(Cit	y/State/Zip/Phone	#)				
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2016 APR -5 P 2: 55
PERFLARY OF STATE
AND ASSEE, FLORIDA

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**3 MASON** 

## COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	Goldbaum Advisors LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Pamel	la Goldbaum Pimstein					
	Name of Person					
Goldb	aum Advisors LLC					
	Firm/Company	<del></del>				
3464 1	NE 167 Street					
	Address					
North	Miami Beach FL 33160					
	City/State and Zip Code					
pamel	la@goldbaum.cl					
E-	-mail address: (to be used for future annual r	report notification)				
For furt	ther information concerning this matter, plea	se call:				
	⋄ la Goldbaum at	786 6565326				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section		Registration Section				
	Division of Corporations	Division of Corporations				
$\boldsymbol{\mathcal{U}}$		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18	3 (2/14)	\$\$5 certacate of status				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company:  Goldbaum Adv	risors	LLC	_	
2.		3464 NE 167 Street North Miami Beach FL	(b) 3464 NE 167 Street North Miami Beach			E 167 Street North Miami Beach Fl
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- (	.~/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		33160	_	3	3160	
			_			
		04/14/2015		<b>L</b> 1:	50000	65451
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	Montero Julian				,
٥.	(a)	Registered Agent and Registered Office shown on the records of th	e Florio	da De <sub>l</sub>	pt. of Sta	te:
		200 South Biscayne Boulevard Suite 3600				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>(S)</u>		_
						2016
		Miami FL3	33131	1		
	(b)	Goldbaum Pamela		_		Size de la lace
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			F SI F SI	
		3464 NE 167 Street				P 2: 55
		NEW Registered Office Address:				_
		North Miami Beach				_
		, FL <sup>3</sup>	33160	)		_
the age wa	cha nt v s/wş	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liable authorized by an affirmative you of the members of cless of organization or the operating agreement of the limited liable.	he regoility of the linited	gister comp mited l liab	ed office any, it d liabili ility co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
S	igna	ture of a member or authorized representative of a member	P8	me	ia Goid	Printed or typed name of signee
I h pro the	ere visi obl	e accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p lightions of my position as registered agent as provided by reflect a change in the registered office address, I had I in writing of this change.	e to ac erforn for in ereby	ct in nanc Cha confi	this cap e of my pter 60 rm thai	pacity. I further agree to comply with the
अष्ट	$\bigvee$	Division of Corporations P.O. Bo	ox 632	27● 7	[allaha	ssee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (2/14)