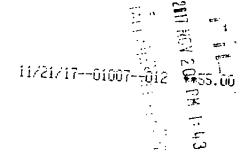
## L150000 65451

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

| Division of Corporations  |                            |  |
|---|----------------------------|--|
| SUBJECT: GOLD BAUM ADVISORS LC.   |                            |  |
| 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:                     |                            |  |
|   |                            |  |
| PAMELA GOLDBAUH  Name of Person   |                            |  |
| Name of Person  |                            |  |
| GOLDBAUH ADVISORS LLC   |                            |  |
| Firm/Company  |                            |  |
|   |                            |  |
| 418 HOLIDAY DRIVE   |                            |  |
| Address   |                            |  |
| HALLANDALE BEACH FL 33009  City/State and Zip Code  |                            |  |
| City/State and Zip Code   |                            |  |
| Paniela a, goldbaum. CL<br>E-mail address: (to be used for future annual report notification) |                            |  |
| E-mail address: (to be used for future annual report notification)                            |                            |  |
| For further information concerning this matter, please call:                                  |                            |  |
| Parala Calabana 281 1565276   |                            |  |
| Panela Goldbaur at (786) 650  Name of Person Area Code  | & Daytime Telephone Number |  |
|   |                            |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section            |                            |  |
| Division of Corporations Division of Corp   |                            |  |
| Clifton Building P.O. Box 6327  |                            |  |
| 2661 Executive Center Circle Tallahassee, Flor  | rida 32314                 |  |
| Tallahassee. Florida 32301  |                            |  |
| Enclosed is a check for the following amount:   |                            |  |
| □ \$25 Filing Fee \$55 Filing Fee   | & Certified Copy           |  |

## 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.

| - GAL NAA   | 1.5 horisons 210  |  |
|---|---|--|
| 1. Name of the limited liability company: GOLDBA  |   |  |
| 2 (a) 3464 NE 167 Street  | (b) 3464 NO 167 STREET  |  |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |
| NORTH HIAM BEACH FC   | 1 D - 1 +   |  |
| NORTH MILATU DEACH IC   | TOOLIN TUATURE  |  |
| 33160   | 33160   |  |
| 011/11/01/2   | 1.00025-71-71   |  |
| 04/14/2015  | L15000065451  |  |
| 3. Date of filing/registration in Florida   | 4. Document number  |  |
| 5. (a) GOLD Bacin Panela  |   |  |
| Registered Agent and Registered Office shown on the records of the  |   |  |
| 3464 Ne 167 ST NO2+H TUATU BEACH  |   |  |
| Registered Office Address (MUST BE FLORIDA STREET A.  | DDRESS)   |  |
|   |   |  |
| C1  | 33/60.  |  |
| , FL_   |   |  |
| (b) GOLDBALIN, PANELA   |   |  |
| Enter name of NEW Registered Agent and/or NEW Registered C  | <del></del>   |  |
| 440 Halina 2010   | `. <b></b>  |  |
| 418 HOLIDAY DRIVE   |   |  |
| NEW Registered Office Address:  | cs  |  |
| Hallansale BEACH  | <del></del>   |  |
|   |   |  |
| , FL_   | 33009   |  |
| If the limited liability company is not organized under the law.  | s of the State of Florida, it is hereby confirmed that after  |  |
| the change or changes are made, the Florida street address of t   | he registered office and the business office of the registered  |  |
| agent will be identical. Or, in the case of a Florida limited lial 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 l  | imited liability company.   |  |
| - Allasaum  | Printed or typed name of signee   |  |
| Signature of a member or authorized representative of a member  |   |  |
| I herebylaccept the appointmentlas registered agent and agre<br>provisions of all statutes relative to the proper and complete p  | e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept |  |
| provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have | for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been    |  |
| notified in writing of this change.   |   |  |
| Signatur Vol Registered Agent   |   |  |
| Division of Corporations P.O. Be  | ox 6327a Tallahaseaa El 32314   |  |
| APT ISION OF COLUMN F.O. DE   | JA VJ&/▼ 14H4H433CC, FL J4J14   |  |

**FILING FEE: \$25.00**