that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER GARDNER

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L07000032593

Entity Name: POINTE GROUP ADVISORS, LLC

Current Principal Place of Business:

3444 MAIN HIGHWAY 2ND FLOOR CORAL GABLES, , FL 33133

Current Mailing Address:

13218 WEST BROWARD BLVD PLANTATION, FL 33325 US

FEI Number: 26-0162982

Name and Address of Current Registered Agent:

GARDNER, PETER C 13218 WEST BROWARD BLVD PLANTATION, FL 33325 US

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	P	Title	DIRECTOR
Name	GARDNER, PETER C	Name	SAVAGE, GRANT D
Address	13218 WEST BROWARD BLVD	Address	13218 WEST BROWARD BLVD
City-State-Zip:	PLANTATION FL 33325	City-State-Zip:	PLANTATION FL 33325

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

PRESIDENT

FILED Mar 30, 2016 Secretary of State CC1430529083

Date

Certificate of Status Desired: No

03/30/2016 Date