FOUD DO DO 7917

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

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: November 6, 2018

Order#: 427485-233

Re: FIRST ALLIED ADVISORY SERVICES, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of fice or registered agent, or both, in the State of	DE
1. The name of	the corporation: FIRST ALLIE	ED ADVISORY SERVICES, INC.	
2. The principal	office address: 200 N Sepul	veda Blvd., Suite 1200, El Segundo, CA 9024	5
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 12/27	7/2006 Document number: F06000	007917
	d street address of the current rtment of State: (If resigned, o	t registered agent and registered office on file venter resigned)	vith the
	CT CORPORATION SYST	EM	_
	1200 SOUTH PINE ISLAND	D ROAD	201 201
	PLANTATION	FL 33324	2018 HOV -8
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered o	CC
	Corporation Service Compa	any	FH 2: 12
	1201 Hays Street		2
	Tallahassee	PO Box NO Facceptable FL 32301	
	- Circurado do		-
The street addre as changed will	ess of its registered office an be identical.	d the street address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	luly adopted by its board of directors or by an has been notified in writing of the change.	officer so
Xi	e E. agni	Jill Cilmi	Vice President
Signitu	re of an officer or director	Printed or typed name and tr	tie
I further agree i performance of agent. Or, if the hereby confirm	to comply with the provision my duties, and I am familian	ed agent and agree to act in this capacity, is of all statutes relative to the proper and corr with and accept the obligation of my position erely to reflect a change in the registered officen notified in writing of this change.	n as registered
By: June	Dey M. Baropie natura of Registered Agent	10/25/2018	
Sign	natifig of Registered Agent	Date	
If signing on be	half of an entity:		
Lindsey M. Bare	onie, Asst. Vice President		
T	yped or Printed Name		

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