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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future is annual report mailings. Enter only one email address please.

ALLAHASSEE ELOBINA POCONCIONAL DE STATE

REGISTERED AGENT CHANGE

RCS CAPITAL PARTNERS, INC.

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JUN 1 6 2021

S. PRATHER

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Help

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

statement of cha	ange is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Statut ganized under the laws of the State of New York istered agent, or both, in the State of Florid		_	
1. The name of	the corporation: RCS CAPITAL PARTI	NERS, INC.			
2. The principal	office address; 270 Northpointe Parkw	vay, Suite 40, Amherst, NY 14228			
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 03/21/17	Document number: F1900000158	0		
5. The name and Florida Depa	d street address of the current registered trent of State; (If resigned, enter resigned,	d agent and registered office on file with the med)	:		
	CT CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324				
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office			2021 JUN 15	
	Registered Agents Inc.		SSE	¥ 15	7/7
	7901 4th St N STE 300		E G	A	O
P.O. Box NOT acceptable		OT acceptable	3 [4]	ċò	
	St. Petersburg FL 33702		t Grif ≫	9	
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its regis	itered ag	gent.	
Such change wa authorized by th	is authorized by resolution duly adopto the board, or the corporation has been n	ed by its board of directors or by an officer of the change.	r so		
Eli Ha	ran	Eli Hazzan, Director			
	the appointment as registered agent a ocomply with the provisions of all stams duties, and I am familiar with and s document is being filed merely to rethat the corporation has been notified	Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as re, flect a change in the registered office addr in writing of this change	gistered ess, I		
D V		06/15/2021			
Sign	nature of Registered Agent	Date		_	
If signing on bel	nalf of an entity:				
Bill Havre					
Ty	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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