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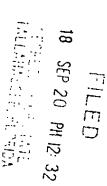
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SEP 1 7018

COVER LETTER 55

TO: Registration Section Division of Corporations					
SUBJECT: Ambata Securities, LLC					
Name	of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the	following:			
Ryan W. Swanson					
Name of Person					
Ambata Securities, LLC					
Firm/Company		<u> </u>			
o and o simplify					
1050 Crown Pointe Pkwy., Ste 950)	<u> </u>			
Address					
Atlanta, GA 30338					
City/State and Zip Code					
ryan.swanson@ambata.co	m				
E-mail address: (to be used for future annu	al report notif	ication)			
For further information concerning this matter, p	olease call:				
Ryan W. Swanson	_at (404	856-6682			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations 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 (2/14)					

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.

. Name of the limited liabi	ity company: Ambata S	Secu	rities,	LLC
(a) 1050 Crown Poi	nte Pkwy.	(b	(b) 1050 Crown Pointe Pkwy.	
Principal office add	lress of limited liability company: <u>T BE STREET ADDRESS</u>)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Ste 950		_	Ste 95	0
Atlanta, GA 303	338	_	Atlanta,	GA 30338
March 4, 2004			L04000	017232
. Date of filing	/registration in Florida	4.		Document number
. (a) Michael Philipp				
· · · · · · · · · · · · · · · · · · ·	stered Office shown on the records of	the Florida	Dept. of Sta	
22 Marsh Point	Rd			元点 5
Registered Office Address	(MUST BE FLORIDA STREET)	1DDRESS	2	SEP 2
Amelia Island	, FL_	32034	ļ	SEP 20 PM 12: 32
(b) Registered A	Agents Inc.			72. 3. 10. 10. 3.
Enter name of NEW Regis	tered Agent and/or NEW Registered	Office ad	dress:	- 2
3030 N. Rod	cky Point Dr.			
NEW Registered Office A	ddress:			_
STE 150A				_
Tampa	Ft	33607	•	
ne change or changes are madgent will be identical. Or, in vas/were authorized by an affine articles of organization or Signature of a member or authorized	de, the Florida street address of the case of a Florida limited his irmative vote of the members of the operating agreement of the ed representative of a member	the regis ability continuity the limited l	stered offic ompany, it lited liabili iability coi Ryan	Printed or typed name of signee
hereby accept the appointm rovisions of all statutes relat be obligations of my position o merely reflect a change in to otified in writing of this char	ive to the proper and complete as registered agent as provided he registered office address, I l	perform I for in C iereby co	ance of my Thapter 60 Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent