## 

| (Requestor's Name)                      |        |
|---|--------|
|   |        |
| (Address)                               |        |
| (Address)                               |        |
| ( (dd) ossy                             |        |
| (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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|   |        |
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10/19/07--01028--018 ++25.00

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |                                   |  |               |
|--|-----------------------------------|--|---------------|
| SUBJECT: Global Fiduciary Advisors, LLC (Name of Limit   |                                   | ty Company)  |               |
| Dear Sir or Madam:   |                                   |  |               |
| The enclosed Registered Agent/Registered Office  | e Change                          | and fee(s) are submitted for fili  | ng.           |
| Please return all correspondence concerning this   | matter to                         | the following:   |               |
|  |                                   |  |               |
| Robert A. Bent   |                                   |  | 0.            |
| (Name of Person)   |                                   | _  | OTOCT 19 PA C |
| (Firm/Company)   |                                   | -  | SEE O         |
|  |                                   |  | FLOT          |
| 12931 Hyland Circle  |                                   |  |               |
| (Address)  |                                   | _  | 7             |
| Boca Raton, FL 33428   |                                   |  |               |
| (City/State and Zip Code)  |                                   | -  |               |
| For further information concerning this matter, p  |                                   |  |               |
|  | (561                              | 866-2820   | <b>.</b>      |
| (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | <b>MA</b><br>Regi<br>Divi<br>P.O. | Area Code & Daytime Telepho  ILING ADDRESS: Instration Section Ission of Corporations Issued Section Issued Sec | ne Number)    |
| Enclosed is a check for the following a  | mount:                            |  |               |
| □ \$25 Filing Fee  | <b>□</b> \$5                      | 5 Filing Fee & Certified Conv  |               |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| 1. The name of the limit  | ted liability company is: _  | Biobal Fiduciary Advisors, LLC   |   |
|---|--|--|---|
|   |  | pany is : 12931 Hyland Circle, Boc   | a Raton, FL 33428   |
| 3/11/2004   |  | L04000019330   |   |
| 3. Date of filing/registr   | ation in Florida   | 4. Document number   |   |
| 5. The name of the regist Florida Department of   |  | red office address as shown on the   | e records of the  |
| •   | Bent, Robert A   |  |   |
|   | <del>-</del>   | Vame   |   |
|   | 1900 NW Corporate Blv  | ddress   |   |
|   | Boca Raton, FL 33431   |  | 0.  |
|   |  | ate and Zip  | <b>4</b> 9, 9,  |
| 6. The name and addres  | s of the new registered age  | nt and/or office:  | OT OCI I  |
|   | Bent, Robert A   |  | 32.<br>22.  |
|   |  | me   | TO TO   |
|   | 12931 Hyland Circle  | DO D. NOT 411-   | 93  |
|   | Florida street address (   | P.O. Box NOT acceptable)   | <u> </u>  |
|   | Boca Raton, FL 33428   | FL   |   |
|   | City, Sta  | te and Zip   |   |
| confirmed that after the and the business office liability company, it is lof the members of the lor the operating agreem                             | change or changes are mad<br>of the registered agent will<br>nereby confirmed that the c   |  | e registered office<br>Florida limited<br>an affirmative vote   |
| Delega A Desa   |  |  |   |
| Robert A Bent (Printed or typed name of signs   | ee)  | <del></del>  |   |
| I hereby accept the appropriate the appropriate and I am familiar with a Chapter 608, F.S. Or, address A hereby confit (Signature of Registered Agent | pointment as registered age<br>ons of all statutes relative t<br>and accept the obligation sile<br>of this document is being file<br>of that the limited liability | nt and agree to act in this capacit<br>o the proper and complete perfori<br>of my position as registered agent<br>ed to merely reflect a change in th<br>company has been notified in writ | y. I further agree to<br>mance of my duties,<br>as provided for in<br>he registered office<br>ing of this change. |
| 1060/ A. SV   | •  |  |   |

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