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| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

2016 DEC -2 PM 2: L

K. SALY DEC - 6 2016

COVER LETTER

TO:

Registration Section

| Divis | sion of Corporations | | | | | |
|----------------|--|--|-------------------------------------|--|--|--|
| SUBJECT: | GF Investment Services, LLC Name of Limited Liability Company | | | | | |
| SOBSECT. | | | | | | |
| Dear Sir or M | fadam: | | | | | |
| The enclosed | Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning the | is matter to the f | following: | | | |
| Shilo Nich | alson | | | | | |
| - Sillo Ivien | Name of Person | | | | | |
| | rume of reison | | | | | |
| Global Fina | ancial Private Capital, LLC | | | | | |
| | Firm/Company | | | | | |
| 501 N. Catt | llemen Rd. Ste. 106 | | | | | |
| | Address | | | | | |
| Sarasota, F | T 34232 | | | | | |
| | City/State and Zip Code | | _ | | | |
| tkonciek@ | egf-pc.com | | | | | |
| | address: (to be used for future ann | ual report notifi | cation) | | | |
| | oformation concerning this matter, | • | | | | |
| i or runner in | normation concerning this matter, | picase can. | | | | |
| Shilo Nicho | olson | at (| 702-8209 | | | |
| | Name of Person | | Area Code & Daytime Telephone Numbe | | | |
| | | | AILING ADDRESS: | | | |
| | stration Section | Registration Section | | | | |
| | sion of Corporations on Building | Division of Corporations P.O. Box 6327 | | | | |
| | Executive Center Circle | Tallahassee, Florida 32314 | | | | |
| | shassee, Florida 32301 | Tai | ianassee, Florida 52514 | | | |
| Encl | osed is a check for the following | ; amount: | | | | |
| □ \$2 | 25 Filing Fee | 5 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.

| 1. Na | ame of the limited liability company: GF Investmen | nt Service | s, LLC | |
|---|---|--|--|---|
| 2. (a) | 501 N. Cattlemen Rd. Ste. 106 | (b | 501 N. | Cattlemen Rd. Ste. 106 |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (* | , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Sarasota, FL 34232 | | Saraso | ta, FL 34232 |
| | 07/13/2004 | | L0400005 | 1638 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | CT Corporation System | | | |
| (, | Registered Agent and Registered Office shown on the records o | f the Florida | Dept. of Stat | – e: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | <u> </u> | - |
| | 1200 South Pine Island Road | | | 2016 DECC SECRET |
| | Plantation , F | L_33324 | | EC-2 |
| (b) | Teresa Koncick | | | E R |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office ad | dress: | 2: 50 STATE PLORIDA |
| | NEW Registered Office Address: | | | _ |
| | 501 N. Cattlemen Rd. Ste. 106 | | | · - |
| | Sarasota , F | L 34232 | ! | _ |
| the ch agent was/w the art | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the arms of a member or authorized representative of a member. | of the regi liability co of the lim | stered offic ompany, it nited liabili | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. |
| I here provis the ob to men notifie | ature of a member or authorized representative of a member aby accept the appointment as registered agent and as ions of all statutes relative to the proper and completed ligations of my position as registered agent as providingly reflect a change in the registered office address, and in writing of this change. The of Registered Agent | gree to ac e perform ed for in (I hereby c | t in this cap ance of my Chapter 60 onfirm that | Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been |