

**L060000107030**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

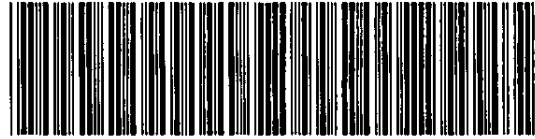
(Business Entity Name)

(Document Number)

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**2016 DEC 27 PM 4:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**K. SALY**  
**DEC 29 2016**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2016

AVIANCE CAPITAL MANAGEMENT, LLC  
EDWARD C. BERTELSEN  
1549 RINGLING BLVD, STE. 510  
SARASOTA, FL 34237

SUBJECT: AVIANCE CAPITAL MANAGEMENT, LLC  
Ref. Number: L06000107030

*Signed*  
*EP*

We have received your document for AVIANCE CAPITAL MANAGEMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 516A00025957

RECEIVED  
2016 DEC 27 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aviance Capital Management, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward C. Bertelsen

\_\_\_\_\_  
Name of Person

Aviance Capital Management, LLC

\_\_\_\_\_  
Firm/Company

1549 Ringling Boulevard Suite ~~502~~ 510

\_\_\_\_\_  
Address

Sarasota, FL 34237

\_\_\_\_\_  
City/State and Zip Code

ecb@aviancecapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward C. Bertelsen

at ( 941 )

232-1837

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Aviance Capital Management, LLC

2. (a) 501 N. Cattlemen Road Suite 106 (b) 501 N. Cattlemen Road Suite 106

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Sarasota, FL 34232

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Sarasota, FL 34232

11/03/2006

3. Date of filing/registration in Florida

000000017030- 060000107030

4. Document number

5. (a) Dixon, Michael J.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

501 N. Cattlemen Road Suite 106

Sarasota, FL 34232

(b) Edward C. Bertelsen

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1549 Ringling Boulevard

NEW Registered Office Address:

Suite 502

Sarasota, FL 34237

FILED  
2016 DEC 27 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Edward C Bertelsen  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent