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C. LEWIS 1105 T NAL EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations			
SUBJECT: Namack Portfolio Investment Professionals, LLC Name of Limited Liability Company				
Dear !	Sir or Madam:			
The e	nclosed Register	ed Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	return all corre	spondence concerning this	matter to the following:	
	W	endy B. Namack		
Namack Portfolio Investment Professionals, LLC				
		Firm/Company		
2559 N Toledo Blade BLVD, Ste 2 Address				
- 		Port, FL 34289-9319 /State and Zip Code		
E-	Wer	dy@Namack.com used for future annual report notifica	tion)	
For fu	rther informatio	n concerning this matter, pl	ease call:	
···	Wendy	Namack_at(941 429 - 29 1 1 Area Code & Daytime Telephone Number	
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following amount:			
	\$25 Filing F	ee	\$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 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.

Portfolio Investment Professionals LL
y: 2559 N Toledo Blade BLVD, Ste 2
North Port, FL 34289-9319
2559 N Toledo Blade BLVD, Ste 2
North Port, FL 34289-9319
L09000015134
4. Document number
the records of the Florida Dept. of State:
Lori M Dorman ASS
1001 Third Avenue W Suite 670 Bradenton, FL 34205
W Registered Office address
Wendy B. Namack
5282 Grand Palmetto Way North Port ,FL34291-8056
laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y. I further agree to oper and complete performance of my disties, is sition as registered agent as provided for in the registered office by has been notified in writing of this change.

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