L100000 54459

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

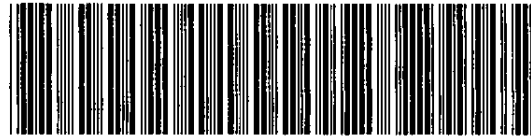☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300236600273

06/25/12--01010--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 25 PM 2: 38

JUN 28 2012

T HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Race Point Advisors 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:

Thomas Shirk
Name of Person

Race Point Advisors, LLC
Firm/Company

1330 West Avenue #2801
Address

Miami Beach, FL 33139
City/State and Zip Code

Tom.S@racepointadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Shirk at (_508_) _246-3013_
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:

[X] $25 Filing Fee _Statement /Change_   [ ] $55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company: _Race Point Advisors, LLC_

2. (a) Principal office address of limited liability company: _1330 West Avenue #2801_

   (*Note: MUST BE STREET ADDRESS*) _Miami Beach, FL 33139_

   (b) Mailing address of limited liability company: _1330 West Avenue #2801_

   (*Note: MAY BE POST OFFICE BOX*) _Miami Beach, FL 33139_

_5/19/2010_

3. Date of filing/registration in Florida

_L10000054459_

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Agent: _Thomas Shirk_

   Registered Office Address: _100 South Pointe Drive #504_
   Miami Beach, FL 33139

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   NEW Registered Agent: _Thomas Shirk_

   NEW Registered Office Address:
   (MUST BE FLORIDA STREET ADDRESS) _1330 West Avenue #2801_
   Miami Beach, FL 33139

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

Thomas Shirk

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 608, 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

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

INHS18 (05/08)