L10000071487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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J. SAULSBERRY
EXAMINER
SEP 6 2013

L10000071487

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELIANCE CAPITAL MARKETS II, 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:

MARTIN FIASCONE
Name of Person

Firm/Company

621 S. PLYMOUTH CT.
Address

CHICAGO, IL 60605
City/State and Zip Code

mfiascone@rcmam.com
E-mail address: (to be used for future annual report notification)

2013 SEP -6 AM 8:12

For further information concerning this matter, please call:

ROBERT TAMCSIN at (954) 481-1515
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

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: RELIANCE CAPITAL MARKETS II, LLC

2. (a) Principal office address of limited liability company: 300 SOUTH POINTE DRIVE 1405
(*Note: MUST BE STREET ADDRESS*)
MIAMI BEACH, FL 33139

(b) Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)
300 SOUTH POINTE DRIVE 1405
MIAMI BEACH, FL 33139

07/07/2010
3. Date of filing/registration in Florida

L10000071487
4. Document number

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

Registered Agent: SWEENEY, EDMUND

Registered Office Address: 300 SOUTH POINTE DRIVE 1405
MIAMI BEACH, FL 33139

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

NEW Registered Agent: TAMOSIN, ROBERT

NEW Registered Office Address:
(*MUST BE FLORIDA STREET ADDRESS*)
883 S. DEERFIELD AVE #6
DEERFIELD BEACH FL 33441

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.

Edmund Sweeney
Signature of a member or authorized representative of a member

Edmund Sweeney
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. If this document is being filed to thereby 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 of Registered Agent

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

INHS18 (05/08)