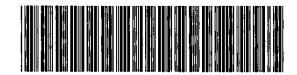
L12-0000 22-827

Coevita	(O) Mect
_ Setu	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	cer:

Office Use Only



000251390150

09/10/13--01001--024 **200.00

13 SEP -9 PH 4: 42

RECEIVED

2813 SEP -9 AM D: 06
SECRETARY OF STATE

Same of the control o

SEP 1 0 2013

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: PULLMAN FINAN	ICIAL GROUP LLC	
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	Dany; 300 SOUTH POINTE OR. UNIT 1405	MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	C/O MARTIN FIASCONE 47 W. POLK ST., SUITE 100-239	₹0 m
2/16/12	CHICAGO, IL 80605	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of States
Registered Agent:	EDMUND SWEENEY	
Registered Office Address:	300 SOUTH POINTE DR. 1405 MIAMI BEACH, FL 33138	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 NE 3RD AVENUE SLITE 620 FORT LAUDERDALE .FL 33301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company of a member or authorized representative of a member of signature of a member of signature of a member of signature of typed name of signee	e Florida street address of the entical. Or, in the case of a Fl e(s) was/were authorized by ar wise provided in the articles o	registered office lorida limited a affirmative vote of
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and accept the obligations of my hapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity, proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writin	I further agree to ance of my duties, is provided for in registered office ag of this change.

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