

L12000022827

Capital Connection

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DIVISION OF CORPORATION

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2013 SEP -9 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2013

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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 FINANCIAL GROUP LLC

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

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

C/O MARTIN FIASCONE
47 W. POLK ST., SUITE 100-239
CHICAGO, IL 60605

2/16/12

3. Date of filing/registration in Florida

L12000022827

4. Document number

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

Registered Agent:

EDMUND SWEENEY

Registered Office Address:

300 SOUTH POINTE DR. 1405 MIAMI BEACH, FL 33139

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

NEW Registered Agent:

MARK S. SCHECTER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

100 NE 3RD AVENUE

SUITE 820

FORT LAUDERDALE

FL 33301

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 signer

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