L12000/08565

(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:	(Reque	estor's Name)	
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Office Use Only



900306085759





K. SALY DEC 29 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 982402 4384197							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE : December 27, 2017							
ORDER TIME : 1:03 PM							
ORDER NO. : 982402-010							
CUSTOMER NO: 4384197							
**							
CHANGE OF AGENT							
NAME: TOPINA ADVISORS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Roxanne Turner EXT#							
EXAMINER:							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	lame of the limited liability company: TOPINA ADVISO	RS, LL	C	
2. (a)	Clo Jay A. Steinman Duane Morris LLP Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 200 South Biscayne Boulevard, Suite 3400	_ (b	Same	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33131	-		
	8/22/2012	-	L12000	108565
3.	Date of filing/registration in Florida	4.		Document number
5. (a) CF REGISTERED AGENT, INC.			
,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Sta	ate:
	100 S. Ashley Drive Suite 400			
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS		
				20 5
	Tampa .FL_	33602		FILED 2011 DEC 27 M 8: 87 SHURLIANSSEE TI ORIDI
(b)	Corporation Service Company			SS 21
(\mathbf{o})	Enter name of NEW Registered Agent and/or NEW Registered O	Office ado	ress:	
				7. S.
	1201 Hays Street			18 2 1
	NEW Registered Office Address:		•	-
	Tallahasaa		. ·	_
	Tallahassee	32301		
the ch agent was/v	limited liability company is not organized under the laws range or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	he regis sility co the lim	tered office mpany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	/s/ STEFANO LOFFREDI		Ste	fano Loffredi. Member/Manager
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provi: the of to me	eby accept the appointment as registered agent and agrec sions of all statutes relative to the proper and complete p poligations of my position as registered agent as provided rely reflect a change in the registered office address, I he and in writing of this change	e to act erforma for in C ereby co	in this ca ince of my hapter 60 infirm tha	pacity. I further agree to comply with the valuies, and I am familiar with and accept 25, F.S. Or, if this document is being filed t the limited liability company has been
,,, <u>,,,,,,</u>	ed in writing of this change."			nne Turner
Signat	ure of Registered Agent Corporation Service Company	BY:	Asst. Vi	ce President

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