#13000093903

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
<u></u>		

Office Use Only



100253638461

11/14/13--01018--016 **55.00

TALLED

13 HOV 14 PH 2: 59

SENTITATE OF STATE

SENTITATION OF STATE

SENTIT OF STATE

SENTITATION OF STATE

SENTITE

SENTITATION OF STATE

SENTITATION OF

K.SALY EXAMINER NOV 18 2013

COVER LETTER

(.) ¥

DILIC10 (#100)

Division of Corporations		
SUBJECT: Gateway Capital Aan Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jorge Ricardo Cano Name of Person		
Gateway Capital Advisors, L.L.	C	
2525 Ponce de Leon Blud., Suite Address	<u>300</u>	
Coral Gables, FL 33134 City/State and Zip Code		
management Ogateway latam E-mail address: (to be used for lature annual report notification	.Com	
For further information concerning this matter, plea	se call:	
Jorge Ricardo Cano at (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	(1) \$55 Filing Fee & Certified Conv	

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: Gateway C	capital Advisors, L.L.C.
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2525 Ponce de Leon Blud., Suite 300 Coral Gables, FL 33134
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2525 Pance de Lean Blud, Suite 300 Coral Gables, FL 33134
07/01/2013	L13000093905
3. Date of filing/registration in Florida 4. (a) Registered Agent and Registered Office shown on the control of the control	ne records of the Florida Dept. of State:
3. Date of filing/registration in Florida45. (a) Registered Agent and Registered Office shown on the Registered Agent:	Jorge Ricardo Carro
Registered Office Address:	Miami IFL 33143
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jorge Ricardo Cano 2525 Ponce de Leon Blud., Srite 300 Coral Gables ,FL 33134
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of a member	
Torge Ricardo Cano Printed or typed name of signee	
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent