L13000100154

(Re	equestor's Name)	
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COVER LETTER

Registration Section Division of Corporations

Private Client Group Integrated Solutions, 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:

Adam Weirich

Name of Person

Private Client Group Integrated Solutions, LLC

Firm/Company

P.O. Box 565097

Address

Miami, FL 33256-5097

City/State and Zip Code

adam@pcgisolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivette Amaya

Name of Person

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

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: Private Client Group Integ	grated Solutions, LLC
2. (a) Principal office address of limited liability company:	3093 Gifford Lane
(Note: MUST BE STREET ADDRESS)	Coconut Grove, Florida 33133
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
-	22.10
7/15/2013	L13000100154
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dent. of State:
	•
Registered Agent:	Adam Weirich
Registered Office Address:	3093 Gifford Lane
	Coconut Grove, Florida 33133
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address: Street Address: 8240 NW 52 Terrace, Ste 408, Miami, FL 33166
(MUST BE FLORIDA STREET ADDRESS)	Miami FL 33256-5097
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwis the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited
Adam Weirich Printed or typed name of signce I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Op if this document is being filed to mer address, I hereby confirm that the limited liability company	- gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	