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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

| Divi | sion of Corporations | | | | |
|---|---|------------------------|--|--|--|
| SUBJECT: | Strategic Advisory Solutions, LLC | | | | |
| SCDSEC1. | Name of Limited Liability Company | | | | |
| Dear Sir or N | Madam: | | | | |
| The enclosed | l Registered Agent/Registered Office C | hange and fe | ee(s) are submitted for filing. | | |
| Please return | all correspondence concerning this ma | atter to the fo | llowing: | | |
| Diana L. F | itzgerald, Esq. | | · | | |
| | Name of Person | | - | | |
| Fitzgerald | & Isaacson, LLP | • | | | |
| | Firm/Company | | - | | |
| 901 Ponce | De Leon Boulevard, Suite 202 | | • | | |
| · | Address | | - | | |
| Miami, FL | 33134 | | | | |
| | City/State and Zip Code | | - | | |
| Diana@Fl | Lawyers.com | | | | |
| E-mail | address: (to be used for future annual r | eport notifica | ation) | | |
| For further in | nformation concerning this matter, plea | se call: | | | |
| Diana L. F | itzgerald, Esq. | 305 | 372-7330 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| Regi Divis Clift 2661 | EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301 | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | | | |
| ☑ \$2 | 25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | |
| INHS18 (2/14 |) | | | | |

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. | Name of the limited liability company: Strategic Adv | isory Solutions, | LLC | |
|--|--|--|---|--|
| 2. (8 | ASE Brickell Avenue | (b) 465 Brickell Avenue | | |
| <i>2.</i> (c | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (*) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Apt. 2701 | Apt. 27 | 01 | |
| | Miami, FL 33131 | Miami, | FL 33131 | |
| | 11/12/2014 | L140001 | 176087 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (| Registered Agent and Registered Office shown on the records of | the Florida Dent, of Sta | ate: | |
| | Fitzgerald & Isaacson, LLP | the Florida Dept. of Su | 五 至 S | |
| | Registered Office Address (MUST BE FLORIDA STREET) 1001 Brickell Bay Drive, Suite 1714 | APR 27 PH 2: 44 | | |
| | Miami , FL | 33131 | 27 7 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | | |
| NEW Registered Office Address: | | | | |
| 901 Ponce De Leon Boulevard, Suite 202 | | | | |
| | Miami , FI | 33134 | | |
| the dagen was/ the a | e limited liability company is not organized under the larchange or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited lifewere authorized by an affirmative vote of the members of organization or the operating agreement of the | f the registered office ability company, it of the limited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. | |
| - | mature of a member or authorized representative of a member | was to get in this as | Printed or typed name of signee | |
| I ne prov the o to m noti | reby accept the appointment as registered agent and ag issions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change. | ree to act in this ca A performance of m A for in Chapter 60 hereby confirm tha | pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been | |
| Sign | ature of Registered Agent | | | |