## 460006396

(Requestor's Name)			
(Ad	ldress)	•	
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(Address)			
(Ci	ty/State/Zip/Phone	∋ #)	
<b>\</b>	- <b>,</b>	,	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
<b>\</b>		,	
(Document Number)			
Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/5/16

NAME:

ATTELAS ASSET ADVISORY LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

about Hodge

## ·, 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 affice or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: ATTELAS ASSE	ET ADVISORY LLC
2. (a)		(b)
, (w) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Omega Building, Mezzanine	Omega Building, Mezzanine
	Samuel Lewis Ave. and 53rd St.	Samuel Lewis Ave. and 53rd St.
	Panama, Republic of Panama	Panama, Republic of Panama
	3-30-2016	L16000063696
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Bonifacio Corporate Serv Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:  DRESSI  33129
	1541 Brickell Ave	· ·
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>PRESSI</u>
	1806	AM
	Miami, , FL	33129
(b)	Florida Filing & Scarch  Enter partie of NEW Registered Agent and/or NEW Registered O	Services, Inc.
	155 Office Plaza Drice	١٠.
	NEW Registered Office Address:	
	Suite A	
	Tallahassee FL.	32301
the chi agent i was/w the art	will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	the registered office and the business office of the registered of
_	nure of a member or authorized representative of a member	rrinted or typed name of signer
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he digressiting of this change.	e to act in this capacity. I further agree to comply with the erformonce of my duties, and I am familiar with and accept for in Chapter 603, F.S. Or, if this document is being filed reby confirm that the limited liability company has been
Signate	ure of Registered Agent	

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

INUS18 (2/14)