## 1170000560644

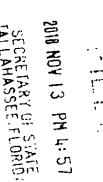
| (Requestor's Name)                      |                |             |  |  |  |
|---|----------------|-------------|--|--|--|
| (Address)                               |                |             |  |  |  |
| (Address)                               |                |             |  |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |  |
| PICK-UP                                 | WAIT           | MAIL        |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |
| (Document Number)                       |                |             |  |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |
|   |                |             |  |  |  |
|   |                |             |  |  |  |
|   |                |             |  |  |  |

Office Use Only



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## **COVER LETTER**

|        |  | 00.2           |                                      |                |  |  |
|--------|--|----------------|--------------------------------------|----------------|--|--|
| TO:    | Registration Section Division of Corporations              |                | <del>2</del> 6.                      | MADY 3 PA 4.57 |  |  |
|        | Milestone Advisory Group L                                 | 1.0            |                                      |                |  |  |
| SUBJ   | ECT:   |                |                                      | 9              |  |  |
|        | Nar  | ne of Limite   | ed Liability Company                 | ACI            |  |  |
| Dear S | Sir or Madam:  |                |                                      | Care S         |  |  |
| The cr | nclosed Registered Agent/Registered Off                    | fice Change    | and fee(s) are submitted for filing. | Õ.             |  |  |
| Please | return all correspondence concerning th                    | nis matter to  | the following:                       |                |  |  |
| Andr   | es Hoyos   |                |                                      |                |  |  |
|        | Name of Person   | <u> </u>       | <del></del>                          |                |  |  |
| Miles  | stone Advisory Group LLC.                                  |                |                                      |                |  |  |
|        | Firm/Company   | <del></del>    | <u>.</u>                             |                |  |  |
| 1350   | 6 Summerport Village Pkwy. STE                             | 1059.          |                                      |                |  |  |
|        | Address  |                | <del></del>                          |                |  |  |
| Wind   | ermere FL 34787  |                |                                      |                |  |  |
|        | City/State and Zip Code                                    | ·              | <del></del>                          |                |  |  |
| andre  | es.hoyos00@gmail.com                                       |                |                                      |                |  |  |
|        | E-mail address: (to be used for future and                 | nual report n  | notification)                        |                |  |  |
| For fu | rther information concerning this matter                   | , please call: | :                                    |                |  |  |
| Andre  | es Hoyos   | 407<br>at (    | 288-2680                             |                |  |  |
|        | Name of Person   | at (           | Area Code & Daytime Telephone Number |                |  |  |
|        | STREET/COURIER ADDRESS:                                    |                | MAILING ADDRESS:                     |                |  |  |
|        | Registration Section                                       |                | Registration Section                 |                |  |  |
|        |  |                | Division of Corporations             |                |  |  |
|        | Clifton Building   |                | P.O. Box 6327                        |                |  |  |
|        | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 |                | 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 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                              | ame of the limited liability company:  | ovisory G  | sroup LLC.   |  |
|-----------------------------------|--|--|--|--|
| 2. (a)                            | 400 W. Church St.  | (b)  | 13506 Summerport Village Pkwy.   |  |
| , (-)                             | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | <del></del> ( .  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |
|                                   | STE 200  |  | STE 1059   |  |
|                                   | Orlando FL 32801   |  | Windermere FL 34786  |  |
|                                   | 03/10/2017   | 1  | L17000056644   |  |
| 3.                                | Date of filing/registration in Florida   | — <sub>4.</sub> -  | Document number  |  |
| 5. (a)                            | Andres Hoyos   |  |  |  |
| J. (4,                            | Registered Agent and Registered Office shown on the records o  | f the Florida  | Dept. of State:  |  |
|                                   | 14342 Orchard Hills Blvd   |  |  |  |
|                                   | Registered Office Address (MUST BE FLORIDA STREET  | ADDRESS)   | 2  |  |
|                                   |  |  | 2018<br>TAS:   |  |
|                                   | Winter Garden , F  | L_34787  | 2010 NOV 13 PM 4: 57 SECRETARY OF STATE TAIL AHASSEE, FLORIE   |  |
| (b)                               | Andres Hoyos   |  | AHASSEE  |  |
| . ,                               | Enter name of NEW Registered Agent and/or NEW Registere  | d Office add   | dress:   |  |
|                                   | . 13506 Summerport Village Pkwy.   |  | 02 15 1<br>02 10 1   |  |
|                                   | NEW Registered Office Address:   |  |  |  |
|                                   | STE 1059   |  |  |  |
|                                   | Windermere , F.  | _34786   |  |  |
| signal I here provis the obto mer | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nure of a member or authorized representative of a member elby accept the appointment as registered agent and aging a complete ligations of my position as registered agent as provided in writing of this change. | of the regis<br>iability cor<br>of the limited limit | stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) aited liability company or as otherwise provided in iability company.  And (e) 1070 (Printed or typed name of signee |  |

Signature of Registered Agent