APPROVED 🔑 2000 UNIFORM BUSINESS REPORT (UBR) L99000008300 DOCUMENT # 1. Entity Name 00 MAY -4 PM 2: 45 RAND INVESTMENT ADVISORS LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3728 KENT DRIVE 3728 KENT DRIVE NAPLES FL 34112 NAPLES FL 34112-3740 2. Principal Place of Business, 3. Mailing Address 800 Harbour Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59 3611361 Not Applicable Naples, Florida Country Country \$5.00 Additional 5. Certificate of Status Desired . . . 4103 Collier 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAND, L. TERRY Street Address (P.O. Box Number is Not Acceptable) 3728 KENT DR. NAPLES FL 34112 Zip Code ty submits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE Signature, typed or printed i (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ☐ Change ■ Addition TITLE TITLE Delete MGRM NAME NAME L. Terry Rand STREET ADDRESS STREET ADDRESS 3728 Kent Dr. CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34112 Addition Delete Changa TITLE TITLE MAME RAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST- ZIP TITLE ☐ Defete TITLE NAME. NAME 600003279396 STREET ADDRESS STREET ADDRESS -06/07/00--01017--002 CITY-ST-ZIP CITY- \$1-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZEP ☐ Deleta Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET DADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OKSIGNING MANAGING MEMBER OR MANAGER