## me4000001366

(Requestor's Name)  3300 University Scrue  (Address)  (Address)  (Address)  (Address)	
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SECRETARY OF STATE
SECRETARY OF STATE

## 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.

agent, or boin, in the blan	,				
1. The name of the limited	d liability company	y is: Cilantro	Advisors, LLC		
2. The mailing address of				Lane, S	uite 203,
		y vonipany to t			
Orlando, Florida 32814	+				
04-09-04		_	M04000001366	; 	
3. Date of filing/registrati	on in Florida		4. Document num	ber	
5. The name of the registe Florida Department of S		registered office	address as shown or	n the reco	ords of the
	4249 Centergat	Name te Lane, Suite	203		
	Orlando, FL 32	Address 814 City, State and 2	Zip		
6. The name and address of		•	•		
	Timothy Sykes				
	3210 Downs Co	Name ove Road			
	Florida street add	dress (P.O. Box	NOT acceptable)		
	Windermere	FL 3478	36		
	Cit	ty, State and Zij	p .		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member)	tange or changes at the registered agen eby confirmed that I liability company f the limited liabili	re made, the Float will be idention the change(s) or as otherwish ty company.	orida street address or cal. Or, in the case of was/were authorized	f the regi	stered office la limited famative vote of
Timothy Sykes	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registere s of all statutes rela l accept the obliga his document is be that the limited lia	ed agent and ag ative to the proj tions of my pos ing filed to mer bility company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. If formance gent as print the regular writing of the contract of the co	urther agree to e of my duties, rovided for in vistered office of this change.
(Signature of Registered Agent)	<b>&gt;</b>				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00