M0400000137

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

Office Use Only



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04/13/16--01013--001 **25.00

16 APR 13 PM 4: 47
SECRETARY OF STATE
AHASSEE FLORIDA

J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 11, 2016

Order#: 084970-010

Re: SIGNATUREFD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

Name of the limited liability company: SIGNATUREFD, LLC					
2.	(a)	1230 Peachtree Street, Suite 1800	(ት	o)	
_,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Atlanta, GA 30309	-		
		06/03/2004		M040000	02137
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Jeffrey James			
•	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		5819 Oxford Moor Boulevard			
		Registered Office Address (MUST BE FLORIDA STREET A	-		
		Winderemere , FL	34786		
		, 1 15_	04700	<u>, </u>	APR APR
	(b)				s ω same
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
		1201 Hays Street			STAFE STAFE
		NEW Registered Office Address:			
					-
		Tallahassee , FL	32301		_
the ag wa	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co f the lim	stered office ompany, it is sited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s/ Heather Fortner, Authorized Person					
Signature of a member or authorized representative of a member					Printed or typed name of signee
pr thi to	ovisi e obl. mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to act perform I for in (ereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: S	ylvia Quer	ppet, Asst. Vice President

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