M050000045971

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SEGRETARY OF STATE

SEGRETARY OF STATE

J. 50.18



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 19, 2018

Order#: 434491-055

Re: ALPS ALTERNATIVE INVESTMENT SERVICES, 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 251 Little Falls Drive 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.

OUCA.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.

	ame of the limited liability company: ALPS AL	<u>TERNATIVE INV</u>	ESTMENT SERVICES, LLC
2. (a)	2699 S. Bayshore Drive, Suite 300 Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami FL 33133		
	08/17/2005		M05000004597
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
. (.,	Registered Agent and Registered Office shown on the rec	cords of the Florida D	ept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	
	Plantation	, FL33324	
(b)			SECR. TAL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office addre	TARRY TO THE PARTY
	NEW Registered Office Address:		FILED 2080CT 23 PH 4: 17 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
	Tallahassee	. FL_32301	, w
the cha agent v was/w	imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limer authorized by an affirmative vote of the menticles of organization or the operating agreement	the laws of the Siress of the register ited liability commbers of the limited lia	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
Signa	ture of a member or authorized representative of a member		mi, Authorized Person Printed or typed name of signee
I here provisi the obi	by accept the appointment as registered agent a ions of all statutes relative to the proper and co	ind agree to act in mplete performan provided for in Ch	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed