

MU5000006385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

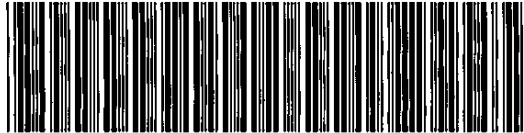
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Certificates of Status \_\_\_\_\_

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2006 JUL 14 PM 3:08  
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TALLAHASSEE, FLORIDA

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06 JUL 14 PM 1:05  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**CORPORATION SERVICE COMPANY<sup>SM</sup>**

1201 Hays Street  
Tallahassee, FL 32301  
850-521-1000  
850-521-1010(fax)

Account Number: 072100000032

Client Account Number: \_\_\_\_\_

Cost Limit: 25.00

Authorization:: \_\_\_\_\_

Contact: DENISE MICK

**FILED**  
2006 JUL 14 PM 3:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**Corporation Name(s) & Document number(s)**

1) PERSHING ADVISOR SOLUTIONS LLC

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

☒ Stamped Copy

☐ Certified Copy

☐ Good Standing

**Type of Filings:**

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
___ Profit	___ Amendment	___ Profit
___ NFP	✓ COA	___ NFP
___ LLC	___ Dissolution/Withdrawal	___ LLC
___ LTD	___ Merger	___ LTD

**Other:**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ Reinstatement

**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.*

1. The name of the limited liability company is: PERSHING ADVISOR SOLUTIONS LLC
2. The mailing address of the limited liability company is : One Pershing Plaza, Jersey City, NJ 07399

November 17, 2005

M05000006385

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

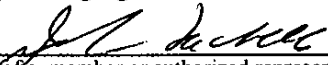
Tallahassee

FL

32301

City, State and Zip

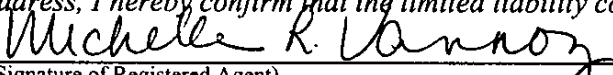
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

John Iachello

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Michelle R. Vannoy, Asst. VP

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

**FILING FEE: \$25.00**

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