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PAGE 05/09

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000125986 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

Phone : (850)656-7956

Fax Number

: (850)656-7953

Enter the empil address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE AMERIVEST INVESTMENT MANAGEMENT, LLC

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Corporate Filing Menu

Help

Jun. 1. 2015, 9:52AM 5, Incorporating Services, LTD. 1/001 Fax 80.No. 8550 P. 2



May 29, 2015

FLORIDA DEPARTMENT OF STATE

AMERIVEST INVESTMENT MANAGEMENT, Division of Corporations *FAX FILING**INCORPORATING SERVICES FL*
CMASA, NE 68127

SUBJECT: AMERIVEST INVESTMENT MANAGEMENT, LLC REF: M06000006236

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please raturn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon Regulatory Specialist II FAX Aud. #: 815000125986 Letter Number: 615A00011318

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15 JUN - 1 AM 10: 00
SECRETARY OF STATE
ALLAHASSEE, PLORIDA

P.O BOX 6327 - Tallaharree, Florida 32314

. Jun. 1. 2015 9:52AM Incorporating Services, LTD.

No. 8550 P. 3

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| SUBJECT: Amerivest Investment Manage | ment, LLC | 2 | | | | | | |
| | of Limited L | iability Company | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agent/Registered Office | Change and | fec(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this n | natter to the | following: | | | | | | |
| Şara Flanagan | | | | | | | | |
| Name of Person | | | | | | | | |
| Incorporating Services, Ltd. | | | | | | | | |
| Pirm/Company | | | | | | | | |
| 3500 South DuPont Hwy | | | | | | | | |
| Address | | | | | | | | |
| Dover, DE 19901 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| sflanagan@incserv.com | | | | | | | | |
| E-mail address: (to be used for future annual | report noti | fication) | | | | | | |
| For further information concerning this matter, pla | ease call: | | | | | | | |
| | 202 at (| 386.7577 | | | | | | |
| Name of Person | | Arca Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: | AILING ADDRESS: | | | | | | | |
| Registration Section | | egistration Section (vision of Corporations | | | | | | |
| Division of Corporations Cliffon Building | | Mision of Corporations O. Box 6327 | | | | | | |
| 266) Executive Center Circle | o. Box 6327 dlabassee, Florida 32314 | | | | | | | |
| Tellahassee, Florida 32301 | and the same of th | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| S25 Filing Fee | □ \$ | 55 Filing Fee & Certified Copy | | | | | | |
| TATTE 18 (7/1 A) | | | | | | | | |

INHS18 (2/14)

Jun. 1. 2015 9:52AM

Incorporating Services, LTD.

No. 8550 P. 4

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.

| 1. | N | ame of the limited liability company: Amerivest Investigation | etn | חפת | Manage | ement, LLC | | |
|-------------|--------------------------------------|---|--------------------------------|------------------------------|--|--|---------------------------------|------------------------------------|
| 2. | (a) | 200 S. 108th Ave HOTC 11th FL | | (b) | 200 S. | 108th Ave HOTC 11th | FL | |
| | \- / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (-) | | Mailing address of limited liabilit (Note: MAY BE POST OFFI | | |
| | | OMAHA, NE 68154 | - | | OMAHA | A, NE 68154 | | |
| | | 11/09/2006 | _ | 1 | V1080000 | 006236 | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document number | | |
| 5. | (a) | CORPORATION SERVICE COMPANY | | | | | | |
| -, | () | Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | te: | | | |
| | | | | | | | 5 | JAT 38 |
| | | TALLAHASSEE, FL 32301-2525 | | | | - | 5 | .E.G |
| | | ,FL | | | | _ | 7 | TIAN METAN |
| | ٠. | Incorporating Services, Ltd. | | | | | | RYES BYRON |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | - | AH 10: | - 뉴워O | | |
| | | 1540 Glenway Drîve | | | | _ | : 52 | TATE |
| | | NEW Registered Office Address: | | | | | | • |
| | | Tallahassee ,FL | 323 | 01 | | _ | | |
| the ag | chi ent us/w | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the r bilit f the | egis y co lim | tered offic inpany, it i ted liabilit | e and the business office of is hereby confirmed that the ty company or as otherwise | the reg | istered a(s) |
| | | Dropen a Dear | (| Gilb | ert R. Ot | | | |
| | | ture of a member or authorized representative of a member | | | | Printed or typed name of signer | | |
| I printo no | hara ovis: obi meg tifie | by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete; ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. | te to perfor for ereb | act irma in C ry co | in this cap nce of my hapter 60. nfirm that | pacity. I further agree to co duties, and I am Ignillar w 5, F.S. Or, if this document the limited liability compai | mply with and is being ny has b | th the accept g filed een |
| | <i>ጓፈ</i> | un G. Golf A. ASSISTANT Secre | lar V | 1 | | | | |