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SECRETARY OF STATE
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ALLANASSEE, FLORIDA

DEC 0 8 2015 S. YOUNG



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

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

DATE: STATE: 12/4/2015 FLORIDA

REP UNIT:

JETSTREAM ADVISORS, LLC

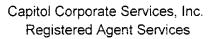
Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26867 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

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SECRETARISSES, PLURIDA





COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: JETSTREAM ADVISORS, LLC	
Name of Lin	nited Liability Company
Dear Sir or Madam:	, , ,
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Myra Simmons	anness, and the first to the second s
Name of Person	
Conital Corporate Services Inc. (Pagisteres	d Agent Dept)
Capitol Corporate Services, Inc. (Registered	- Agent Dept.)
I IIII Company	
PO Box 1831	上門 月 四
Address	THE THE STATE OF T
Austin, TX 78767	四州 卫
City/State and Zip Code	
	<u>∵</u>
E-mail address: (to be used for future annual repo	n nonliemon)
For further information concerning this matter, please of	eall:
Myra Simmons at (800) 345-4647
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	t managed to the saw 1.7
Enclosed is a check for the following amoun	nt:
∑\$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floric	ant to the provisions of sections 605.0114 or 605.01 ts the following statement in order to change its p	16, Flo egister	rida Statutes, ed office or i	the undersigned limited liability co registered ayent, or both, in the S	mpany tale of
	une of the Limited Liability Company: JETSTREA	M AE	VISORS, L	LC	
2. (a)	2601 SOUTH BAYSHORE DR, STE. 630		љ 2601 S	OUTH BAYSHORE DR, ST	E. 630
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ıy:
•	MIAMI FL 33133		MIAMI FL 33133		
	11/8/2011		M1100	0005638	
3.	Date of filing/registration in Florida	 4.	1111111	Document number	
5 (A)	TREE, KONRAD E, MR.				, e
). (a)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of Sta	_ t o :	
	2601 SOUTH BAYSHORE DR, STE. 630	1	•		
	Registered Office Address MUST BE FLORIDA STREET		ESS)	_ 	
					St. 5
				- '-	
	MIAMI , F	L_33	133	-	通界工
	Carifel Comments Consideration			į	る。「回
(b)	Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	- Office	addraw:	-	333 1 ***
	The state of the s	24 2/11/52	andress.		THE STATE OF THE S
	155 Office Plaza Dr Ste A				일당 중
	NEW Registered Office Address:			_	気形に
			·	-	
	Tallahassee , F	L 32	301	_	
he chi igent vas/w he art	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members idees of organization or the operating agreement of the	of the n liability of the	egistered offic company, it i limited liabilit	e and the business office of the regists hereby confirmed that the change by company or as otherwise provide nipany.	istered (s)
-	ture of a member or authorized representative of a member	_	.,	Printed or typed name of signee	
I here provis he ob to mer notifie	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, In writing of this change.	zree to le perfo led for I hereb	act in this cap rmance of my in Chapter 60. y confirm that	acity. I further agree to comply wi duties, and I am familiar with and 5, F.S. Or, if this document is being the limited liability company has b	th the accept 3 filed een
Il				nt Secretary on	
Signati			•	orate Services, Inc.	
	Division of Corporations P.O. FILING			ssee, FL 32314	

INHS18 (2/14)