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2014 MAR - 5 MA 8 31SECRETARY OF STATE
AND A SECRETARY OF STATE

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION AND AUTHORIZATION

ORDER DATE: February 20, 2014

ORDER TIME : 9:33 AM

ORDER NO. : 021769-005

CUSTOMER NO: 7891154

## CHANGE OF AGENT

NAME: WILLIAM STRONG ADVISORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: WILLIAM S	STRONG ADVISORS, LLC
.2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 701 BRICKELL AVENUE SUITE 1620 MIAMI, FL 33131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	701 BRICKELL AVENUE SUITE 1620 MIAMI, FL 33131
01/11/2012	M12000000179
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on the records of the Florida Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
(b) Enter name of <b>NEW Registered Agent</b> and/or	
NEW Registered Agent:	Corporation Service Company 👸 ω
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or
PATRICK SCHULTZ	
Printed or typed name of signee  I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 605, F.S. Or, if this document is being filed address, I tereby confirm that the limited liability con By:  Signature of Registered Agent /Corporation Service Compa	Sue G. Knight

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