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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: November 6, 2018

Order#: 427484-361

Re: CETERA FINANCIAL SPECIALISTS SERVICES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

X_ _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie 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.

QUCA.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.

| | me of the limited liability company: CETERA FINAN | NCIAL SI | PECIALISTS | S SERVICES LLC | | ····· |
|------------------------------|---|--|--|--|------------------------------|--|
| Ź. (a) | 200 N. MARTINGALE RD., 7TH FLOOR Principal office address of limited liability company: | |) | Mailing address of limited liability company: | | |
| | (Note: MUST BE STREET ADDRESS) | | ." | (Note: MAY BE PE | | |
| | SCHAUMBURG IL 60173 | _ _ | | | | |
| | 12/12/2012 | | M1200000 | 06929 | | |
| | Date of filing/registration in Florida | 4. | | Document number | er | |
| . (a) | CT CORPORATION SYSTEM | | | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | 645 134 134 | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | | | 4.9 | 1 |
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| | PLANTATION .FL | 33324 | · | | <i>.></i> ; | |
| <i>(</i> 1.) | Corporation Soning Company | | | | | معد |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered | Office add | dress: | : | 0 7 | |
| | | | | | | |
| | 1201 Hays Street | | | | | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | | J | | | | |
| | Tallahassee | 20204 | | | | |
| | , FL | 32301 | | | | |
| ne cha gent w ras/we | mited liability company is not organized under the law age or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles-of organization or the operating agreement of the | the regis ibility co f the lim | stered office impany, it is ited liability | and the business hereby confirmed company or as of | office of the d that the cha | registere inge(s) |
| ic ditti | | | • | , , | | |
| Signat | ure of a member or authorized representative of a member | JIII (| Jill Cilmi, Authorized Person Printed or typed name of signee | | | |
| rovisie 1e obli 1 mere | oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete propers of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | ee to act performa I for in (pereby co | in this capa ance of my a hapter 605, onfirm that t | icity: I further an | ree to compl | y with the ind accep eing filed as been |
| Clanatur | Amoreu M. Baronie e of Registered Agent Corporation Service Company | DV. I | da 3.4 F | Baronie, Asst. Vi | ina Dussidan | |