

M14000007082  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000141321 3)))



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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

Please retain original filing date of submission 6/9

\*\*Enter the email 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  
INDEPENDENCE AVENUE ADVISORS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 0304    |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA  
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ATTN: Non-ette  
Cassanova

Electronic Filing Menu Corporate Filing Menu

Help  
J. HARRIS  
JUN 14 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDEPENDENCE AVENUE ADVISORS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kris Nicholas

\_\_\_\_\_  
Name of Person

CT Corp

\_\_\_\_\_  
Firm/Company

2875 Michelle Dr, Ste 100

\_\_\_\_\_  
Address

Irvine, CA 92606

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

6/10/2016 4:03:24 PM From: To: 8506176383( 2/4 )  
-850-617-6381 6/10/2016 9:07:40 AM PAGE 1/001 Fax Server



June 10, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INDEPENDENCE AVENUE ADVISORS LLC  
523 KENTUCKY AVE SE  
WASHINGTON, DC 20003

SUBJECT: INDEPENDENCE AVENUE ADVISORS LLC  
REF: M14000007082

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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return 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) 245-6051.

Nanette Causseaux FAX Aud. #: H16000141321  
Regulatory Specialist II Supervisor Letter Number: 116A00012249

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 6/9

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUN -9 AM 10:08

FILED

P.O. BOX 6327 - Tallahassee, Florida 32314

**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. Name of the limited liability company: INDEPENDENCE AVENUE ADVISORS LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
1205 G ST. NE  
Washington, DC 20002

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
1205 G ST. NE  
Washington, DC 20002

3. 10/01/2014 Date of filing/registration in Florida

4. M14000007082 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
REGISTERED AGENTS INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3030 N. ROCKY POINT DR., STE 150A  
TAMPA, FL 33607

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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.

Kathleen Hale Kathleen Hale  
Signature of a member or authorized representative of a member 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 605, 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.*

By: C T Corporation System  
Nicole Chouinard  
Signature of Registered Agent

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

INHS18 (2/14)

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