

M15 00000 9098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 30 PM 3:04
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2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2018

RAFAEL GINEBRA
825 3RD AVE, 12TH FLOOR
NEW YORK, NY 10022

SUBJECT: FITZROY INVESTMENT ADVISORS LLC
Ref. Number: M15000009098

We have received your document for FITZROY INVESTMENT ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00014987

2018 AUG 30 13:10:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fitzroy Investment 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:

Rafael Ginebra

Name of Person

Fox Horan & Camerini

Firm/Company

825 3rd Avenue 12th Floor

Address

New York NY 10022

City/State and Zip Code

raginebra@foxlex.com

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

For further information concerning this matter, please call:

Rafael Ginebra

at (212)

480-4800

Name of Person

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

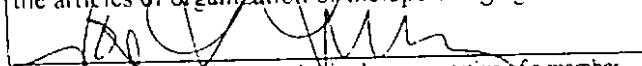
☐ \$55 Filing Fee & Certified Copy

**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.

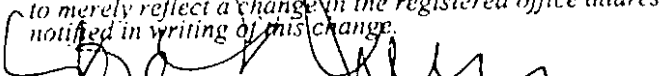
1. Name of the limited liability company: Fitzroy Investment Advisors
2. (a) 1111 Brickell Avenue
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 2648
Miami, FL 33131
- (b) 1111 Brickell Avenue
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 2648
Miami, FL 33131
3. 11/12/2015
Date of filing/registration in Florida
4. M15000009098
Document number
5. (a) United Corporate Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
9200 South Dadeland Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 508
Miami, FL 33156
- (b) Jose Fernandez
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1111 Brickell Avenue
NEW Registered Office Address:
Suite 2648
Miami, FL 33131

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.


Signature of a member or authorized representative of a member

JOSE A FERNANDEZ
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.


Signature of Registered Agent

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

FILED
AUG 30 PM 3:04
TALLAHASSEE, FLORIDA