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Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : 120040000167 : (305)377-0809 Phone

Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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asalgado@pbyalaw.com

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1. 1.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: PROXIMITY ADVISORS, L	•	013/ 16
Enter new principal office address, if applicable:		NO N
(Principal office address MUST BE A STREET ADDRESS)		OF -3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 NOV -3 AM 9: 04
2. The Florida document number of this limited lia	iability company is: M16000006904	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 08.	3/26/2016	·
SECTION II (S-9 complete only the applicable		
5. New name of the limited liability company: (mus	ist contain "Limited Liability Company, " "L.L.C.," of	r "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida an anaging members adopting the alternate name. The alternate name. The alternate name.	nd attach a ternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of t	he new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	+ ,	•
	City Florida Zip C	Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to be and complete performance of my duties, and I am fo stered agent as provided for in Chapter 605, F.S. Or, e in the registered office address, I hereby confirm the	amiliar with if this
— If C	Changing Registered Agent, Signature of New Register	- ered Agent

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itle/ Capacity	<u>Name</u>		Address	Type of Action
MGR	Jean Geoffrion		283 Catalonia Ave, Suite 2)2 ∐Add
	·	Coral Gables, FL 33		Remov
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