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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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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.

	ame of the limited liability company: 200 EAST RANDOLPH DRIVE	20	N & ADVISORY SERVICES, LLC 200 EAST RANDOLPH DRIVE	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(p) _	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CHICAGO, IL 60601	C	HICAGO, IL 60601	
	09/30/2016		6000007809	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATION SERVICE COMPANY			
J. (a)	Registered Agent and Registered Office shown on the record	s of the Florida De	pt, of State:	
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	20 DEC	
	TALLAHASSEE	32301	22 22	
(b)	United Agent Group Inc.	, , , , , , , , , , , , , , , , , , , ,	OF 5 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	erea Omee 200re:	00 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	801 US Highway 1		.	
	NEW Registered Office Address:			
	North Palm Beach	, FL_33408	 	
change agent v was/w	timited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the registered of d liability comp ers of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
/s/ Sea	n Amo	Scan Ar	no, Attorney-in-Fact	
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change	ele nerformane	e of my duties, and I am familiar with and accept.	

Sean Arno, Attorney-in-Fact

/s/ Sean Arno

Signature of Registered Agent

'u'