

M17000000/475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

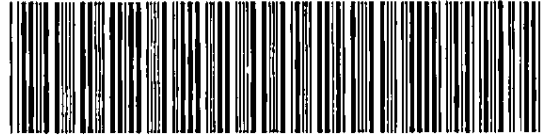
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 22, 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 1/18/2019

Acc#I20160000072

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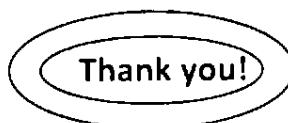
Name:	INVESTMENT ADVISOR INSTITUTE, L.L.C.
Document #:	
Order #:	11380772

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
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Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investment Advisor Institute, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janis A. Paiva, Senior Paralegal

Name of Person

c/o McGuireWoods LLP

Firm/Company

800 East Canal Street

Address

Richmond, VA 23219

City/State and Zip Code

wflowers0523@gmail.com

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

For further information concerning this matter, please call:

Janis A. Paiva

Name of Person

at (804)

775-7880

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

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2R033 (9/13)

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Investment Advisor Institute, L.L.C.

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000001475

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: February 15, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: DynaLogic LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida 33324

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Judith Argao
Vice President

If Changing Registered Agent, Signature of New Registered Agent

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STATE OF MISSISSIPPI

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

William W. Flowers
Signature of the authorized representative

William W. Flowers, Manager and Member

Typed or printed name of signee

Filing Fee: \$25.00

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That DynaLogic LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on February 08, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

The name of Investment Advisor Institute, L.L.C. was changed to DynaLogic LLC pursuant to a certificate of amendment issued by the Commission effective as of January 7, 2019.

Nothing more is hereby certified.

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19 JAN 18 AM 6:47
CLERK OF THE COMMISSION

*Signed and Sealed at Richmond on this Date:
January 16, 2019*



Joel H. Peck

Joel H. Peck, Clerk of the Commission