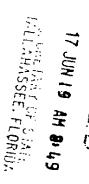
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 6/19/2017 Date:___ Name: KENDALL HOWELL C019258 Reference #:___ **ADVISORS TECH, LLC** Entity Name:_____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger ☐ Dissolution/Withdrawal Fictitous Name Other _____

Authorized Amount: \$25.00
Signature:

-44 (0)20.3786 1090

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

oun, in the state of Piorida.		
1. Name of the limited liability company: ADVISOR	S TECH, LLC	
2. (a) Principal office address of limited liability compa	anv.	
(Note: MUST BE STREET ADDRESS)	2950 SW MCCLURE RD	_
(1.0001 1.12031 2.2.2.2.1	TOPEKA, KS 66614	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	2950 SW MCCLURE RD	
	TOPEKA, KS 66614	
May 23, 2017	M17000004350	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florida Dept. of State: Corporation Service Company	
Registered Agent.	Torporation Corried Company	
Registered Office Address:	1201 Hays Street	
	Tallahassee, FL 32301-2525	_
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:	
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address:	115 North Calhoun St., Suite	
(MUST BE FLORIDA STREET ADDRESS)	, S (2).	
	Tallahassee CEL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the registered fince entical. Or, in the case of a Florida limited of say, was/were authorized by an affirmation of wise provided in the articles of organization of the articles	te of
Signature of a member of authorized representative of a member		
David Callanan Printed or typed name of signee		
31		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	d agree to act in this capacity. I further agree proper and complete performance of my dutic position as registered agent as provided for i merely reflect a change in the registered offic any has been notified in writing of this chang	es, es, n e e.
Her Hora		

Signature of Registered Agent Sean Honan, Assistant Secretary

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

INHS18 (12/13)