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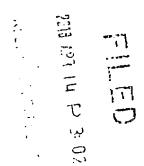
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TO: Registration Section **Division of Corporations** Loomis Alternative Investment Fund, LLC SUBJECT: 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: Donna Colavito Name of Person Granite Associates, Inc. Firm/Company 225 Banyan Boulevard, Suite 130 Address Naples, FL 34102 City/State and Zip Code dcolavito@granitelp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Louis J. Boyd Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

| I. Na | me of the limited liability company: Loomis Alterr | ative In | vestment | Fund, LLC | |
|--|--|---|--|--|--|
| 2. (a) | 225 Banyan Boulevard | (b) | (b) 225 Banyan Boulevard Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 130 | | |
| Z. (N) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (%) | | | |
| | Suite 130 | _ | | | |
| | Naples, FL 34102 | _ | | | |
| | August 24, 2017 | 1 | M1700000 | 7370 | |
| 3. | Date of filing/registration in Florida | 4. | I | Document number | |
| ; (a) | United Corporate Services, Inc. | | | | |
| 5. (a) | 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 | | | البار م | |
| | Miami , FL | 33156 | | 3 | |
| | Granite Associates, Inc. | | | 7 | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | ress: | رب م | |
| | 225 Banyan Boulevard | | | 0.0 | |
| | NEW Registered Office Address: | | | | |
| | Suite 130 | | | | |
| | Naples . FL | 34102 | | | |
| he cha igent v was/we he arti Signal I herei provisi he obl | imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the function of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I important of this change. | the regis ability co of the limi limited li Lou | tered office mpany, it is ted liability ability complete J. Boyd in this capa | and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee city. I further agree to comply with the | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00