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(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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(Dc	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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	Office Use On	ıly

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 23, 2021

Order#: 774946-031

Re: PARTICIPANT CAPITAL ADVISORS, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$\$25.00.

Please take the following action:

·' .

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

1. 1	Name of the limited liability company:	T CAPITAL ADVIS	BORS, LLC	
2. (a	1010 NE 2ND AVENUE	(b) 1010	(b) 1010 NE 2ND AVENUE	
(.	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	MIAMI, FL 33132		II, FL 33132	
	02/13/2018	M1800	00001570	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	MOISES, SERGIO			
	Registered Agent and Registered Office shown on the records 1010 NE 2ND AVENUE	of the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2022	
	MIAMI, I	FL_33132	7002 KPR 27	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee I	FL		
chang agent was/v	limited liability company is not organized under the l ge or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of th	ne registered office liability company, s of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) wility company or as otherwise provided in	
	The C. Gones	Jill Cilmi, Au	uthorized Person	
	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the of to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address. I ed in writing of this change.	gree to act in this c e performance of t led for in Chapter (l hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signa	HICOFFEE AREN C. KUDL	Grace E.	Kirby, Asst. Vice President	

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

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