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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: Anthony Arthur anthony.arthur@cscglobal.com

Date: June 11, 2019

Order#: 744234-075

Re: COBB PRIVATE CLIENT, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Anthony Arthur 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. Na	ane of the limited liability company: <u>COBB PRIVATE</u>	E CLIENT	<u>, LLC</u>	
2. (a)	225 SOUTH 6TH STREET STE 1900	(b)	2727 (GRAND PRAIRIE PARKWAY
2. (u)	Principal office address of limited liability company:	(*)		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	MINNEAPOLIS, MN 55402		WAUKE	E, IA 50263
	01/29/2019		M190000	001182
3.	Date of filing/registration in Florida	-1.		Document number
5. (a)	CT CORPORATION SYSTEM			
(u)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of Sta	 te:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address <i>(MUST BE FLORIDA STREET 2</i>	ADDRESS)		_
	~			
	PLANTATION	33324		- 701
(b)	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>ress</u> :	in the first
				E T
	1201 Havs Street			- 5
	<u>NEW</u> Registered Office Address:			H 0 28
	Tallahassee	32301		
				_
If the l	imited liability company is not organized under the lay ange or changes are made, the Florida street address of	vs of the !	State of Fl	lorida, it is hereby confirmed that after and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited lia	ability co	npany, it i	is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	of the limi	ted liabili	ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	Jill C	ilmi, Autho	Orized Person Printed or typed name of signee
	\bigcirc	aa to ant	in this can	
provisi the obj to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, 14 d'in writing of this change.	ee to act performa d for in C hereby co	n this cap nce of my hapter 60 nfirm that	duties, and I am familiar with and accept duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President

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

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