

# PIUW0012105

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

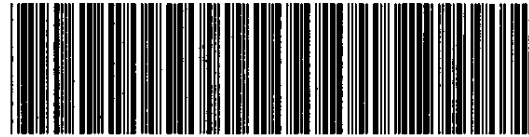
Special Instructions to Filing Officer:

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**B. KOHR**

DEC 14 2012

**EXAMINER**



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12/07/12--01013--005 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC -7 PM 3:42

**FILED**

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

Pursuant to the provisions of sections ~~608.416 or 608.508~~, 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. Name of the limited liability company: FIG ADVISORS

2. (a) Principal office address of limited liability company: 5551 NW 50<sup>th</sup> WAY

(Note: **MUST BE STREET ADDRESS**)

Coconut Creek FL 33073

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5551 NW 50<sup>th</sup> WAY  
Coconut Creek FL 33073

FEBRUARY 9, 2010

3. Date of filing/registration in Florida

4. Document number

P1000001210

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

ROSS GROSSMAN

Registered Office Address:

2400 N. University Blvd Ste # 207

PEMBROKE PINES, FL 33024

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

8415 RED WAGON LN

Boca Raton, FL 33433

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Don K Eden

Signature of a member or authorized representative of a member

DOUGLAS K EDEN

Printed or typed name of signer

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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIG ADVISORS  
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:

DOUGLAS K. EDEN  
Name of Person

FIG ADVISORS  
Firm/Company

8415 RED WAGON LN.  
Address

BOCA RATON, FL 33433  
City/State and Zip Code

lovingourgod@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS K. EDEN at (561) 542-4126  
Name of Person 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  
☒

☒ \$55 Filing Fee & Certified Copy  
☒

FILED  
12 DEC -7 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA