Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866~2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

S TALLENT

AUG 3 1 2017

## REGISTERED AGENT CHANGE PACIFIC INCOME ADVISERS, INC.

Certificate of Status	0
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Page Count	03
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## **COVER LETTER**

TO: Amendmer Division of	nt Section f Corporations								
SUBJECT: PACIFIC INCOME ADVISERS, INC.  Name of Corporation									
	(ABILE OF C	or boration							
DOCUMENT NU	MBER:F02	2000002479							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
	Janice	Null							
Name of Contact Person									
	InCorp Se	rvices, inc.							
		ompany							
		• •							
	3773 Howard Hughes								
-	Add	ress							
	l as Venas. N	V 89169-6014							
	City/State a	nd Zip Code							
	•	•							
	documents@	lincorp.com							
E-mail address: (to be used for future annual report notification)									
		•							
For further information concerning this matter, please call:									
Janice Null on I Nan	behalf of InCorp Services, Inc. ne of Contact Person	at ( 702 ) 866-2500 ext. 6902 Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.									
	Mailing Address:	Street Address:							
	Mailing Address: Amendment Section	Street Address: Amendment Section							
	Division of Corporations	Division of Corporations							
	P.O. Box 6327	Clifton Building							

Tallahassee, FL 32314

CR2E045 (03/12)

H170002335663

2661 Executive Center Circle

Tallahassee, FL 32301

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec statement of change is submitted in order to change its r	d for a cor	rporation organiz	zed under the l	ans of the State	of Delay		
1. The name of the corporation:	PACIFI	C INCOME AD	VISERS, INC	<b>)</b> .			
2. The principal office address: 1299 Ocean Avenue Suite 210							_
	Santa N	Monica, CA 904	101				_
3. The mailing address (if differ	ent):			<u> </u>			_
4. Date of incorporation/qualific	ation:	05/17/2002	Documen	t number:	F020000	102479	<u> </u>
5. The name and street address of Florida Department of State: (				red office on file	with the		
		ELIAS, BRIA	AN D		_		
<del></del>	139	95 Brickell Ave	14th Floor			de d	
		Miami, FL 33	3131		_	- R	-11
6. The name and street address of (if changed):	of the new	registered agent	(if changed) a	nd /or registered	office	30 A	
	_	InCorp Service	es, Inc.		_	်းက ထာ	
	1	7888 67th Cou	ırt North		• .	ORIEN	1
	l.	P.O. Box NOT ac oxahatchee, Fl	•		<del></del>		
The street address of its register as changed will be identical.	red office	and the street ad	idress of the b	usiness office o	f its register	ed agent,	
Such change was authorized by authorized by the board, or the	resolutio corporatio	n duly adopted b on has been notif	y its board of ied in writing	directors or by a of the change.	an officer so	<b>)</b>	
May Walan	4		•	McAdams, J	-	ıt	
Significated appointment of the	cus ne provisi am famil eing filed tion has	tered agent and d lons of all statute llar with and acc merely to reflect been notified in v		ed or typed mine and this capacity, the proper and c tion of my posit he registered of change.		tered I, I	
(ance)	h	UQ_	/	August 15, 20	117		
Signature of Registered A  If signing on behalf of an entity:	· /			Date			
Janice Null for InCorp Sen		1					
Typed or Printed Name		<del></del>					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*

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