

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# L03000024608

Entity Name: 2020 FINANCIAL ADVISERS OF DAYTONA BEACH, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD STE 460
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

345 CLYDE MORRIS BLVD STE 460
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 91-2196753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANCH III, ELMER R CFP®
345 CLYDE MORRIS BLVD
SUITE 460
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

BRANCH III, ELMER R CFP
345 CLYDE MORRIS BLVD
SUITE 460
ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: E ROBERT BRANCH, III, CFP

10/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRANCH III, ELMER R CFP ½
Address: 345 CLYDE MORRIS BLVD, SUITE 460
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRANCH III, ELMER R CFP
Address: 345 CLYDE MORRIS BLVD, SUITE 460
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E ROBERT BRANCH, III, CFP

MRGM

10/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date