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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: WILKINSON ADVISORY LLC	WILKINSON ADVISORY LLC						
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:							
MICHAEL L WILKINSON							
Name of Person							
WILKINSON ADVISORY LLC							
Firm/Company							
1707 PEACEFUL AVE	•						
Address	<del></del> _ · ·						
BELLEAIR, FL 33756	•						
City/State and Zip Code							
mikewilkinson123@hotmail.com							
E-mail address: (to be used for future annu	nal report notification)						
For further information concerning this matter, p	please call;						
MICHAEL L WILKINSON	727 584-4596						
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						

## ATEMENT 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. Name of the limited liability company: WILKINSON ADVISORY LLC						
2. (a)	1707 PEACEFUL AVE	(	<sub>b)</sub> 1707 PE	ACEFUL AVE		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	BELLEAIR, FL 33756	_	BELLEA	IR, FL 33756		
			•			
	04/04/2016	_	L1600006	6606		
3.	Date of filing/registration in Florida	4.		Document number		
	FOXMAR CPA PA	••				
5. (a)	Registered Agent and Registered Office shown on the records of the 2240 BELLEAIR RD	he Florid	a Dept. of State	·		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>			
			_			
	CLEARWATER , FL	3376	4	T7 M SECRE		
(b)	MICHAEL L WILKINSON			7 MAY 25 CORETARY LAHASSI		
` '	Enter name of NEW Registered Agent and/or NEW Registered (	Office ac	ldress:			
	1707 PEACEFUL AVE		٠	17.2. LONG		
	NEW Registered Office Address:			25 110A		
	BELLEAIR , FL	33764				
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility c f the lin limited	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Mr. Signa	ture of a member or authorized representative of a member	MI	CHAEL L V	VILKINSON  Printed or typed name of signee		
I here provis. the object to mer notifie	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  Language of Registered Agent	ee to ac perforn I for in ereby c	t in this capa iance of my a Chapter 605, onfirm that t	city I further agree to comply with the		