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COVER LETTER

TO: Registration Section Division of Corporations										
SUBJECT: FORWARD FINANCIAL ADVISORS, LLC Name of Limited Liability Company										
Dear Sir or Madam:										
The enclosed Statement of Correction and fee(s) are submitted for filing.										
Please return all correspondence concerning this matter to the following:										
MOLLY SHRAUNER Name of Person										
FORWARD FINANCIAL ADVISORS, LLC Firm/Company										
1881 79+3 St CSWY #1407 Address J #1407										
NORTH BAY VILLAGE TO 33141 City/State and Zip Code										
molly. Shrauner & forward financial adv. com E-mail address: (to be used for future annual report notification)										
For further information concerning this matter, please call:										
Mollighrauner at (786) 877-1891 Name of Person Area Code Daytime Telephone Number										
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 816Tallahassee, FL 32303)									
Enclosed is a check for the following amount:										
□\$25 Filing Fee □ \$30 Filing Fee & □\$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy										

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:	: The name	of the limited liability company is:	FORWARD	FINANC	TAL	AD	VI S	o rs
SECON		The Florida Document number of the lim					98'	- 7
THIRD	_	Document to be corrected is:						_
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	5/70 W	he EIN # , as sub 2-21-20, is 84-45 15 84-4502192.				<u> </u>		_
	<u>OR</u>	_						
0	Was defe	ctively signed. The manner in which the s:	: document was do	efectively signed a	and the app	propriat	е согге	etion are
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	OR The elect	ronic transmission of the record was def	ective.			ARY OF STE	27 PM 1:	LED
		Signature of Authorized Representative	:		Date	20 X	5 3	_
	are of newing the desi	registered agent, if applicable :(NOTE: gnation).	if correcting the re	gistered agent, th	e new reg	istered a	gent m	iust sign
I hereby provisio obligati reflect o	y accept th ons of all s tions of my	Agent's Signature, if changing Registered a pointment as registered agent and a tatutes relative to the proper and comple position as registered agent as provided in the registered office address, I hereby to the registered office address.	gree to act in this ete performance of for in Chapter 60	f my duties, and I 5, F.S. Or, if this	am familie document	ir with c is being	ind acc filed t	ept the onerely
Registered Agent's Signature								
		Filing Fee Certified Copy		5.00 0.00 (optional)				



Date: 02/21/20

Division of Securities
Office of Financial Regulation
200 East Gaines Street
The Fletcher Building
Tallahassee, FL 32399-0372

Please let this letter serve as an affidavit that **Forward Financial Advisors** has not conducted any investment advisory activities or securities transactions in or from the State of Florida for which registration pursuant to section 517.12, FS would have been required at any time, up to and including the present.

Specifically, the firm has not conducted any advisory activity in or to Florida.

Forward Financial Advisors is applying for registration in the State of Florida. Its IARD# is 307677 and its EIN is 84-4502193. I, Molly Ann Shrauner, hereby swear that this is a true and accurate statement.

Best Regards,

By: Molly Ann Shrauner

x Mollyllan Shrauner

State of Arizona

County of Makicapa)

Subscribed and sworn to (or affirmed) before me this

day of borney (month), 20,20

(Signature of Notary)

(Seal)