## M150000 3008

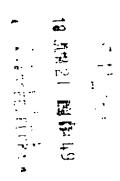
(Requestor's Name)					
(Address)  (Address)  (City/State/Zip/Phone #)					
					PICK-UP WAIT MAIL
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JUN 22 2018

## STATEMENT 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. N	lame of the limited liability company: BUCKINGHAM	/ FINANCI	AL GROUP LLC		
2. (a)	1595 Spring Hill Road, Suite 310	(b)	(b) 1595 Spring Hill Road, Suite 310  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)			
	Vienna, VA 22182		Vienna, VA 22182		
7	04/10/2015  Date of filing/registration in Florida		M15000003008	ent number	
3.	trate of time/registration in riorida	4.	Docum	cia numoci	
5. (a)	)INCORP SERVICES INC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	17888 67TH COURT N				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
(b)				- \ - \	
	LOXAHATCHEE F	L <u>33470</u>			
				₩ . <b>. .</b>	
				*	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addi</u>	<u>'esy</u> :		
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee	L <u>32301</u>			
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist liability con of the limit	ered office and the ipany, it is hereby ed liability compa	business office of the registered confirmed that the change(s)	
)	Xie & Coni	Jill Ci	lmi, Authorized Pe	erson	
Sign	andre of a member or authorized representative of a member		Printed a	or typed name of signee	
provis the ob to mei notific	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, l and in writing of this change.	ree to act i e performa ed for in Cl hereby cor	n this capacity. L we of my duties, a apter 605, F.S. C girm that the limit	further agree to comply with the and I am familiar with and accept or, if this document is being filed ed liability company has been	
<u>(L</u>	hace tokuble	r			
Signat	ure of Registered Agent Corporation Service Company	BY: Gr	ice E. Kirby, Ass	sistant Vice Presdient	