## 1419000002137

(Requestor's Name)	—
(Address)	—
(Adcress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Copies Certificates of Status	
and Instructions to Filing Officer:	
Not Enough Money	

Office Use Only



800400727558





A. BUTLER

FEB - 1 2023

## 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

I. Na	me of the limited liability company:  AXIO Financial L	LC			
2. (a)	60 EAST 42ND STREET, 26TH FLOOR	(b)	60 EAST 42ND STREET, 26TH FLOOR		
(« <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NEW YORK, NY, NY 10165		NEW YORK, NY, NY 10165		
	03/01/2019	— - М	M19000002137		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	REGISTERED AGENTS INC.				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address	<u>address)</u>	2023 JAH 27		
(b)	ST.PETERSBURG , FL	33702	,		
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, FL_	33324			
the cha agent v was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com f the limite limited lia	tered office and the business office of the registere upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
Signat	nushres ). Dehadrai une of a member authorized representative of a member	7 Citasii	Printed or typed name of signee		
I herei provisi the obl to merc	by accept the appointment as registered agent and agroons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have the change of this change.  C T Corporation System Asst. Secretary	performan I for in Ch iereby con	in this capacity. I further agree to comply with th nce of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file nfirm that the limited liability company has been		



January 30, 2023

CT CORP

SUBJECT: AXIO FINANCIAL LLC Ref. Number: M19000002137

CORRECTED
Please Allow For
Same File Date

We have received your document for AXIO FINANCIAL LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 223A00002169



## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: \_\_\_\_01/27/2022

D	ate: 01/27/2022
	Acc#120160000072
Name:	Axio Financial LLC
Document #:	
Order #:	14746949 - 6
Certified Copy of Arts & Amend:  Plain Copy:  Certificate of Good Standing:  Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:  Certified:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00

Thank you!