P99000043057

| (Requestor's Name) | | |
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| (Cit | y/State/Zip/Phone | #) |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

MONO,

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJE | CCT: GWN Securities, Inc. | rporation) | | |
| DOCU | MENT NUMBER: P99000043057 | | | |
| The end | closed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | |
| Please r | return all correspondence concerning this matter t | o the following: | | |
| | Karen L Redman | | | |
| | (Name of Cont | act Person) | | |
| NRAI Services, Inc. | | | | |
| (Firm/Company) | | | | |
| 2731 Executive Park Drive, Suite 4 | | | | |
| | (Addre | ss) | | |
| | Weston, Florida 33028 (City/State and | Zin Code) | | |
| For furt | ther information concerning this matter, please ca | • | | |
| | * | | | |
| Karen | (Name of Contact Person) | at (954) 3182787 (Area Code & Daytime Telephone Number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flore statement of change is submitted for a corporation organized under the laws of the State | of_FL |
|--|---|
| in order to change its registered office or registered agent, or both, in the State | of Florida. |
| 1. The name of the corporation: GWN Securities, Inc. | |
| 2. The principal office address: 11440 Jog Road, Ste 101 | |
| Palm Beach Gardens, FL 33324 | |
| 3. The mailing address (if different): | ***** |
| 4. Date of incorporation/qualification: 5/12/1999 Document number: P99 | 9000043057 |
| The name and street address of the current registered agent and registered office on file Florida Department of State: | e with the |
| CT Corporation System | |
| 1200 South Pine Island Road | - 2602 |
| Plantation, FL 33324 | PCRETA |
| 6. The name and street address of the new registered agent (if changed) and /or registered (if changed): | m 24 mm |
| NRAI Services, Inc. | 1: 32 STATE LORID |
| 2731 Executive Park Drive, Suite 4 | 7 |
| (P.O. Box NOT acceptable) | |
| Weston, FL 33331 | ** |
| The street address of its registered office and the street address of the business office as changed will be identical. | of its registered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or be authorized by the board, or the corporation has been notified in writing of the change | y an officer so |
| (Signature of an officer or director) Mario John Monteiro, Vic | |
| I hereby accept the appointment as registered agent and agree to act in this capacity I further agree to comply with the provisions of all statutes relative to the proper and of my duties, and I am familiar with and accept the obligation of my position as regis document is being filed merely to reflect a change in the registered office address, I have corporation has been notified in writing of this change. | complete performance tered agent. Or, if this tereby confirm that the |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| Karen L Redman (Typed or Printed Name) | |

* * * FILING FEE: \$35.00 * * *