## 459/48

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates of Status	
Special Instructions to Filing Officer:		





100267496471

01/07/15--01911--007 \*\*05.00

15 JAN -7 AH 9: U

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 1 3 2015 T. CARTER

## **COVER LETTER**

Division of Corporations
SUBJECT: Financial Concepts, Inc. Name of Corporation
DOCUMENT NUMBER: 459/48
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David D. Waller Name of Contact Person
Financial Concepts, Inc.
1318 Oak St.
Melbourne F/. 3290/
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (800) 824-9309  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. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Financial Concepts Inc.
2. The principal office address: 1318 Oak St  Melhowne F/: 32901
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/1/1974 Document number: 459/48
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
<u>Resigned</u>
15 TAL
JAN LAH
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    David D. Wallen   1318 Oak St.   P.O. Box NOT acceptable   222 90 1
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Bonnie Tean Wallen Sec/Treas  Signature of an officer or director  Bonnie Tean Wallen Sec/Treas
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  Date  Date
If signing on behalf of an entity:
Tyrod or Drintad Name

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