

L01000005490

LAW OFFICES OF MICHAEL A. FREELING, P.A.

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Boca Raton, Florida 33433

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Admitted in:

Florida

New York

District of Columbia

September 17, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

000004602970--8
-09/20/01--01070--016
*****25.00 *****25.00

Re: Notice of change of address of Wealth Wizard L.C.

Dear Secretary of State,

Please find enclosed and sight check number 1023 in the amount of \$25.00. For enclosed filing please send acknowledgement of the file to our attention.

Very truly yours,

Michael A. Freeling

Michael A. Freeling

Signed in my absence to
Avoid delay.

MAF/na
Enc.

cc: David Zimmer

L01-5490
AK

Law Offices of Michael A. Freeling, P.A.
299 Camino Gardens Boulevard, Suite 207
Boca Raton, Florida 33432

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
01 SEP 20 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

701-5490

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 20, 2001

LAW OFFICES OF MICHAEL A FREELING, P.A.
299 CAMINO GARDENS BLVD., SUITE 207
BOCA RATON, FL 33432

SUBJECT: WEALTH WIZARD, L.C.
Ref. Number: L01000005490

We have received your document for WEALTH WIZARD, L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 101A00047402

FILED
01 SEP 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Wealth Wizard, L.C.
2. The mailing address of the limited liability company is: 19276 Natures View Court,
Boca Raton, Florida 33498

April 10, 2001
3. Date of filing/registration in Florida

L01000005490
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

David M. Zimmer
Name
19276 Natures View Court
Address
Boca Raton, Florida 33498
City, State and Zip

6. The name and address of the new registered agent and/or office:

David M. Zimmer
Name
6477 N.W. 38th Way
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33496-4076
City, State and Zip

FILED
01 SEP 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

x David M. Zimmer
(Signature of a member or authorized representative of a member)

David M. Zimmer
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

x David M. Zimmer
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314