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W. HARRIE

COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Wealth Management Associates, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard A. Perea Name of Person Wealth Management Associates, LLC Firm/Company 700 Beach Dr. NE #503 Address St. Petersburg, FL 33701 City/State and Zip Code rperea@wealthma.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard A. Perea Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee



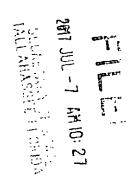
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2017

RICHARD A PEREA 700 BEACH DR NE #503 ST PETERSBURG, FL 33701

SUBJECT: WEALTH MANAGEMENT ASSOCIATES, LLC

Ref. Number: L02000009196



We have received your document for WEALTH MANAGEMENT ASSOCIATES. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00012713

ECEIVE:

Phone Selintre
Please Silnetre
attached Silnetre

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.

L. Na	me of the limited liability company: Wealth Management Associates, LLC				
2. (a)	700 Beach Drive NE, #503		(b) 700 Beach Drive NE, #503		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg,		St. Petersburg		
	FL 33701	_	FL 337	01	
	April 15, 2002		L020000	009196	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Richard A. Perea				
27. (11)	Registered Agent and Registered Office shown on the records of a	the Florida	Dept. of Sta	te:	
	3914 Turkey Oak Dr (recently changed)				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	Valrico	33596		Zait Jul	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Office Address:			10: 27	
	700 Beach Drive NE, #503			-·· -	
	St. Petersburg FL	33701		_	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member.	the reginability confithe limited l	stered offic ompany, it iited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
I herei provisi the ohl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been of this change.	ee to act perform I for in (iereby c	in this cap ance of my hapter 60 onfirm that	pacity. I further agree to comply with the	

Signature of Registered Agent