

h03 000011387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

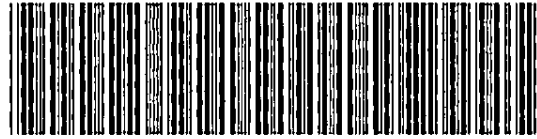
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9/2

Office Use Only



400370602964

07/28/21--01010--022 \*\*25.00

FILED

2021 SEP -2 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FL

09/09/2021  
JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 SEP -2 AM 10: 27

August 17, 2021

CATHERINE BOWDEN  
2650 MCCORMICK DRIVE @200S  
CLEARWATER, FL 33759 US

SUBJECT: FIRST FINANCIAL EDUCATION CENTERS, LLC  
Ref. Number: L03000011387

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 521A00019628

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIRST FINANCIAL EDUCATION CENTERS, 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:

CATHERINE BOWDEN

\_\_\_\_\_  
Name of Person

AMERILIFE

\_\_\_\_\_  
Firm/Company

2650 MCCORMICK DRIVE, #200S

\_\_\_\_\_  
Address

CLEARWATER, FL 33759

\_\_\_\_\_  
City/State and Zip Code

CBOWDEN@AMERILIFE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE BOWDEN

727

726-0726 X. 75007

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: FIRST FINANCIAL EDUCATION CENTERS, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

100 EAST TOWN PLACE, STE. 101

ST. AUGUSTINE, FL 32092

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

PO BOX 351925

PALM COAST, FL 32135

03/18/2003

L03000011387

3. Date of filing/registration in Florida 4. Document number

5. (a) DONNA S. MCLEAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 EAST TOWN PLACE, STE. 101

ST. AUGUSTINE, FL 32092

(b) R. NATHAN HIGHTOWER, ESQ.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

AMERILIFE

NEW Registered Office Address:

2650 MCCORMICK DRIVE

CLEARWATER, FL 33759

FILED  
2021 SEP -2 AM 10:02  
TALLAHASSEE, FL  
SECRETARY OF STATE

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.

[Signature]  
Signature of a member or authorized representative of a member

GIDEON MOORE

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 605, 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.*

[Signature]  
Signature of Registered Agent