



01-24-2005 90107 041 *****50.00

DOCUMENT # L04000023607				Secretary of State 01-24-2005 90107 041 ****50.00	
1. Entity Name SPK WEALTH ADVISORS, LLC					
Principal Place of Business 6317 NW 25th Way 1801 CLINT MOORE ROAD STE. 109 BOCA RATON, FL 33487-9349		Mailing Address 6317 NW 25th Way 1801 CLINT MOORE ROAD STE. 109 BOCA RATON, FL 33487-3349			
2. Principal Place of Business 6317 NW 25th Way, FL 33487		3. Mailing Address 6317 NW 25th Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)	
City & State BOCA RATON, FL		City & State BOCA RATON, FL		FEI Number 20-0940602	
Zip 33496		Country USA		Applied For Not Applicable	
Zip 33496		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, STANLEY P 1801 CLINT MOORE ROAD STE. 109 BOCA RATON, FL 33487 6317 NW 25th Way Boca Raton, FL 33496				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT STANLEY P. KAPLAN 6317 NW 25th Way BOCA RATON FL 33496			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ 1/14/05 (361) 715-0999					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					