

L04000034112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

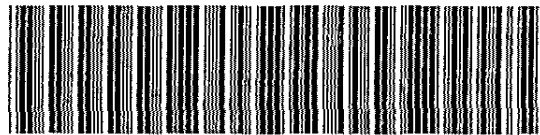
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STATE OF OHIO
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wealth Solutions, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Braed Fariello

(Name of Person)

Wealth Solutions, LLC

(Firm/Company)

4540 PGA Blvd, Suite 204

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Braed Fariello

(Name of Person)

at (561) 776-5610

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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**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 Solutions, LLC
2. The mailing address of the limited liability company is: 4540 PGA Boulevard, Suite 204
Palm Beach Gardens, FL 33418

May 04, 2004
3. Date of filing/registration in Florida

L04000034112
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:

Business Filings Incorporated
Name
660 East Jefferson Street
Address
Tallahassee, FL 32301
City, State and Zip

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

Brad Fariello
Name
2393 Wrotham Terrace
Florida street address (P.O. Box NOT acceptable)
Wellington, FL 33414
City, State and Zip

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.

B. Fariello
(Signature of a member or authorized representative of a member)

Brad Fariello
(Printed or typed name of signer)

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.

B. Fariello
(Signature of Registered Agent)

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