L05000071025

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer;
ਅਸੰਦ ਕੁਮੈਕbility	
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COVER LETTER

Division of Corporations
SUBJECT: Prosperity Financial Consultants, 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:
Miguel Diaz
(Name of Person)
Prosperity Financial Consultants, LLC (Firm/Company)
9784 SW 123 Terrace (Address)
Miami, FL 33176 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Miguel Diaz at (786) 295-5059 Significant Sumber) (Name of Person) (Area Code & Daytime Telephone Mumber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 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 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 limit	ed liability con	npany is: Prosperity	y Financial Consultan	ts, LLC	
2. The mailing address of	of the limited li	ability company is:	9784 SW 123 Ter	race, Miami, FL	33176
July 20, 2005			L05000071025		
3. Date of filing/registration in Florida			4. Document nun	nber	
5. The name of the regist Florida Department of		the registered offic	e address as shown	on the records of t	he
	Esther Pa	scual-Diaz			
	0704 0144	Name			
	9784 SW 1	Address			
	Miami, FL				
		City, State and	Zip		
6. The name and address	of the new reg	sistered agent and/or	office:		
	Miguel Dia:	z			
		Name		, 4	
	9784 SW 12				
	Florida stree	et address (P.O. Box	(NOT acceptable)		
	Miami	FL 33	176		
		City, State and Zi	ip .	Æs 2	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	f the registered creby confirmed liability of the limited	ges are made, the FI agent will be idented that the change(s) company or as other d liability company	orida street address ical. Or, in the case was/were authorize wise provided in the	of the registered c of a Riorida limite d by an affirmativ	office ed ; ve vote
Miguel Diaz					
(Printed or typed name of signee	-		<u>-</u>	•	•
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as regular of all statute of all statute of accept the of this document in that the limite	istered agent and as is relative to the pro- bligations of my pos is being filed to mer ed liability company	gree to act in this ca per and complete pe sition as registered a ely reflect a change has been notified in	pacity. I further deformance of my igent as provided in the registered writing of this cl	igree to duties, for in office iänge.
(Signature of Registered Agent)			 :		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00