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(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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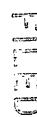
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07 JUN 18 AM 11:59 SECRETARY OF STATE ALL AHASSEF, FLORIT



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: We come Life Fin (Name of Limited)	ANCIAL GOOD, L	LLC	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this man	tter to the following:		
John M. Welcom (Name of Person)			
(Firm/Company)			
Boca Raton, FL 3343 (City/State and Zip Code)		07 JUN 18 AM II: 59 SECRE IANT OF STATE TALLAHASSEE, FLORID	
(City/State and Zip Code)		: 59 : 59 TATE ORIDA	1 e -
For further information concerning this matter, pleas	se call:		
Name of Person) at (Si	(Area Code & Daytime	e Telephone Number	er)
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 amou	int:		
玄 \$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 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: Welcowe Life Financial Group, Lu
2. The mailing address of the limited liability company is: 301 Vanate Road, Suite. 16 Boca Raton, FL 33431.
3. Date of filing/registration in Florida 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: Caparatian Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 3230
City, State and Zip
6. The name and address of the new registered agent and/or office:
John Welcom
301 Yanato Road, Svite 1190 85
Florida street address (P.O. Box NOT acceptable)
Baalaten FL 33431
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. (Signature of a member or authorized representative of a member)
John Welcon
(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 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.

(Signature of Registered Agent)

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