## L07000010999

(Req	uestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATION

08 FEB 28 PM 12: 04

T. HAMPTON

FEB 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Financial Advisor Group, LLC (Name of Lir	C mited Liability Company)		
(**************************************			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Earl Douglas VanAtter			
(Name of Person)			
(Name of Person)			
Financial Advisor Group, LLC			
(Firm/Company)			
•	•		
13575 58th Street North, Ste #129			
(Address)	<del></del>		
	•		
Clearwater, FL 33760			
(City/State and Zip Code)	<del></del>		
For further information concerning this matter	, please call:		
Earl Douglas VanAtter	at ( 727 ) 804-5283		
(Name of Person)	(Area Code & Daytime Telephone Number)		
(Number 1 Classify	(x now court of 2 m) since to opinions (x minos)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
rangnassee, Fibrida 32301			
Enclosed is a check for the following	amount:		
<b>✓</b> \$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.

agent, or both, in the Stat	ie oj rioriau.			
1. The name of the limite	ed liability company	is: Financial Advisor	Group, LLC	
2. The mailing address o	f the limited liabilit	y company is : <u>1357</u>	5 58th Street N #129	
Clearwater, FL 33760			·	
01/30/2007		1.07	7000010999	
	ion in Florida	<del></del>		
3. Date of filing/registrat	ion in Fiorida	4. 1	Document number	
5. The name of the regist Florida Department of		egistered office addr	ress as shown on the reco	ords of the
-	NRAI Services,	Inc.		
		Name		To the temperature with
	2731 Executive P	ark Drive, Suite 4		
		Address	<del></del>	BIVIS SE
Weston, FL 33331				
	C	ity, State and Zip		
6. The name and address of the new registered agent and/or office:			<del>e</del> ;	FILE TARY OF COR
	Earl Douglas Van	Atter		LED Y OF STATE CORPORATIONS PH 12: 04
		Name		A A A
	13575 58th Street	N #129		
	Florida street add	lress (P.O. Box <b>NO1</b>	acceptable)	ζ,
	Clearwater,	FL 33760		
	Cit	y, State and Zip		
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)	change or changes are the registered agen breby confirmed that mited hability compant of the limited hability.	re made, the Florida at will be identical. (It the change(s) was/vany or as otherwise poility company.	street address of the regi Or, in the case of a Floric were authorized by an af	istered office la limited firmative vote
Earl Douglas VanAtter				
(Printed or typed name of signee	)			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registerens of all statutes related accept the obligations decument is being that the lingued liab	ed agent and agree to ative to the proper a tions of my position of ng filed to merely re bility company has b	o act in this capacity. I j nd complete performanc as registered agent as pi flect a change in the reg leen notified in writing o	urther agree to e of my duties, rovided for in sistered office f this change.
(Signature of Registered Agent)				
/Divisio	on of Corporations	, P.O. Box 6327, Ta	Ilahassee, FL 32314	

**FILING FEE: \$25.00** 

INIUC18 (9/05)