

LOT000099768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

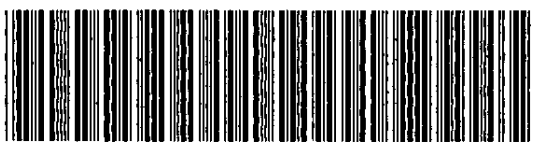
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 04 2008

EXAMINER

COVER LETTER

9-2-08

TO: Registration Section  
Division of Corporations

SUBJECT: New Life Wealth Management, 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:

Cheryl Roberts  
(Name of Person)

New Life Financial Group  
(Firm/Company)

1779 S. Kings Ave.  
(Address)

Brandon, FL 33511  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheryl Roberts at (813) 315-1710  
(Name of Person) (Area Code & Daytime Telephone Number)

**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: \$ 35 check previously submitted.

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2008

CHERYL ROBERTS  
1779 S. KINGS AVE.  
BRANDON, FL 33511

SUBJECT: NEW LIFE WEALTH MANAGEMENT, LLC  
Ref. Number: L07000099768

We have received your document for NEW LIFE WEALTH MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 408A00046970

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08 SEP -3 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: New Life Wealth Management, LLC
- 2. (a) Principal office address of limited liability company: New Life Wealth Management, LLC  
1779 S. Kings Ave.  
Brandon, FL 33511  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: above ↑  
*(Note: MAY BE POST OFFICE BOX)*

3. Date of filing/registration in Florida: 10-01-2007

4. Document number: L07000099768

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: employee of → Corporation Service Company

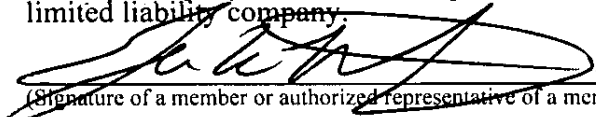
Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Cheryl Roberts New Life Financial Group-LLC

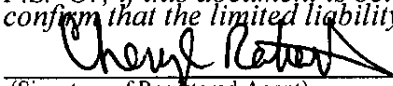
**NEW Registered Office Address:** 1779 S. Kings Ave.  
Brandon, FL 33511  
*(MUST BE FLORIDA STREET ADDRESS)*

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)

Glen W. Roberts  
 (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)

FILED  
 SEP - 3 PM 12:00  
 TALLAHASSEE, FLORIDA