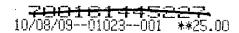
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(Re	equestor's Name))			
(Address)					
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(Ci	ty/State/Zip/Phon	ne #)			
PICK-UP	WAIT	MAIL :			
(Business Entity Name)					
(Do	ocument Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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B. KOHR

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EXAMINER



October 6, 2009

VIA FEDERAL EXPRESS

Florida Secretary of State Corporation Division 2661 Executive Center Circle Tallahassee, FL 32301

RE: FAC Wealth Management, LLC

Dear Sir/Madam:

I am enclosing for filing a Statement of Change of Registered Office and Registered Agent for FAC Wealth Management, LLC along with this firm's check in the amount of \$25.00, representing the filing fee.

Please return a filed copy to this office.

Thank you.

Very truly yours,

HAMBURGER LAW FIRM, LLC

Debbie Parelis

Legal Assistant

Enclosed: Statement of Change of Registered Office

COVER LETTER

TO: Registration S Division of Co		. •			
SUBJECT:	FAC Wealth Management, LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Register	red Agent/Registered (Office Cha	inge and fee(s) are submitted fo	or filing.
Please return all corre	spondence concerning	this matte	er to the follow	ving:	
	Brant Keller Name of Person				DIVISION OF OTHER
FAC We	ealth Management, L Firm/Company	LC			DIVISION OF CORPORALIS OF OB OCT -8 AM II: 01
9015 Stra	da Stell Court, Suite Address	104			:01
	aples, FL 34109 y/State and Zip Code		······		
bkel E-mail address: (to be	ler@facwealth.com used for future annual report	notification)			
For further information	on concerning this mat	ter, please	call:		
Debbie Name of	Person	at (<u>2</u>		705-1213 2 Daytime Telephone N	Number
STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Flo	porations g : Center Circle		MAILING A. Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a	check for the followi	ng amour	ıt:		
\$25 Filing	Fee		\$55 Filing F	Fee & Certified C	ору

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.

-				
Name of the limited liability company:	FAC Wealth Management, LLC			
2. (a) Principal office address of limited liability con	npany:			
(Note: MUST BE STREET ADDRESS)	9015 Strada Stell Court, Suite 104 Naples, FL 34109			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	9015 Strada Stell Court, Stae 1945 Naples, FL 34109			
October 10, 2007	L07000102939			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State			
Registered Agent:	National Corporate Research, Ltd.			
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Brant Keller			
NEW Registered Office Address:	9015 Strada Stell Court, Suite 104			
MUST BE FLORIDA STREET ADDRESS)				
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as the operating agreement of the limited liability or an agreement of the limited liability company or as the limited liability or an agreement of the limited liability or an agreement o	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization			
Brant Keller, Managing Member Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many chapters 608, F.S. Or, if this accument is being filed to address, I hereby confirm that the limited liability complimates of Registered Agent	ind agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in in in in in in in in in its many of the registered office in in its pany has been notified in writing of this change.			
organismo of regionated regent				

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