

LO8000027627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

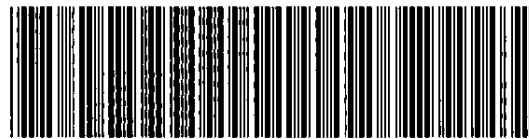
(Business Entity Name)

(Document Number)

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19 AUG 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 18 2010

EXAMINER

S. HAWKES

JUL 13 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2010

PAMELA SUE GHEZZI
4767 NEW BROAD STREET
ORLANDO, FL 32814

SUBJECT: FMR WEALTH MANAGEMENT LLC
Ref. Number: L08000027627

We have received your document for FMR WEALTH MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00017109

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMR 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:

Pamela Sue Ghezzi

Name of Person

FMR Wealth Management LLC

Firm/Company

4767 New Broad Street

Address

Orlando FL 32814

City/State and Zip Code

pam@fmrwealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela S Ghezzi

Name of Person

at (407)

601-5794

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:

☒ \$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. Name of the limited liability company: FMR Wealth Management LLC

2. (a) Principal office address of limited liability company: _____

☒ (Note: **MUST BE STREET ADDRESS**) 4767 New Broad Street
Orlando, FL 32814

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

March 18, 2010 L08000027627

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Pamela Sue Ghezzi

Registered Office Address: 1155 Louisiana Ave. Ste 204
Winter Park, FL 32789

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

NEW Registered Agent: Pamela Sue Ghezzi

NEW Registered Office Address: 4767 New Broad Street
(MUST BE FLORIDA STREET ADDRESS) Orlando, FL 32814

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.

Pamela Sue Ghezzi
Signature of a member or authorized representative of a member

Pamela Sue Ghezzi
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.

Pamela Sue Ghezzi
Signature of Registered Agent

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