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EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations					
SUB		ERA Financial Group LLC Name of Limited Liability Company				
				•	1 2	
Dear	Sir or Madam:					
The	enclosed Registered Agent/Registe	red Office (Change	e and fee	(s) are submitted	for filing.
Pleas	se return all correspondence concer	ning this m	atter to	the follo	owing:	
	Stephen D Ralli					
	Name of Person					
	ERA Financial Group	LLC		_		2810 SEI
	Firm/Company					NOV AH
	4115 Dahoon Holly Co	ourt				BIO NOV 29 P SEČRETARY O ALLAHASSEG
	Address					OF ST
	Bonita Springs, Florida S City/State and Zip Code	34134	<u> </u>			2: 03 AIL
-	sue@erabtc.com E-mail address: (to be used for future annual re	port notification	on)			
	urther information concerning this			l:		
	Stephen D Ralli	at (239)	444 592	
	Name of Person			Area Code	& Daytime Telephone	e Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Rep Div P.C	gistration vision of O D. Box 63	Corporations	
	Enclosed is a check for the foll	owing amo	unt:			
	 ✓ \$25 Filing Fee		☐ \$:	55 Filing	Fee & Certified	Conv

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 state of Florida.	
1. Name of the limited liability company:	ERA Financial Group LLC
2. (a) Principal office address of limited liability compa	ny: 4115 Dahoon Holly Court
(Note: MUST BE STREET ADDRESS)	Bonita Springs, Florida, 34135
(b) Mailing address of limited liability company:	ERA Financial Group LLC
(Note: MAY BE POST OFFICE BOX)	4115 Dahoon Holly Court Bonita Springs, Florida, 34135
12/7/2009	L09000116413
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	1—C0 2=
Registered Agent:	James A Etchechury
Registered Office Address:	27911 Crown Lake Blvd Suite 241 Bonita Springs FLorida 34135
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4115 Dahoon Holly Court Bonita Springs ,FL 34134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization my.
Stephen D Ralli	чет нусм
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
sel above	
Signature of Registered Agent	