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(((H11000213430 3)))



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future **

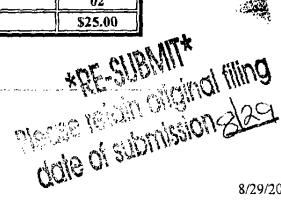
annual report mailings. Enter only one email address please. Email Address:

LLC REGISTERED AGENT CHANGE STROPP WILLIAMS FINANCIAL GROUP, LLC

Certificate of Status	0
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J. SAULSBERRY

AUG 3 1 2011



8/29/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

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: Strop	pp Williams Financial Group, LLC
2. (a) Principal office address of limited liability compa	iny: 515 No Flagler Dr., Suite 305
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33401
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
8/5/2010 3. Dute of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	JB Grossman, P.A.
Registered Office Address:	150 No. University Dr., Suite 200 Piantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address: CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 So. Pine Island Road
	Plantation, FL 33324
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my phapter 608, F.S. On if this accument is being fitted to madress, I hereby confirm that the limited Hability company. Signature of Registered Agent So	agree to act in this capacity. I further agree to roper and complete performance of any duffer, ostilon as registered agant as produced for investigation of the registered office by has been notified in writing of this change. Madonna Cuddihy ECIAL Assistant Secretary ST