

L10000082520

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

2011 AUG 29 AM 8:10

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11 AUG 30 AM 10:07
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LLC REGISTERED AGENT CHANGE STROPP WILLIAMS FINANCIAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
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J. SAULSBERRY
EXAMINER

AUG 31 2011

RE-SUBMIT

Please retain original filing
date of submission 8/29

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: Stropp Williams Financial Group, LLC

2. (a) Principal office address of limited liability company: 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. Date of filing/registration in Florida

L10000082520
4. Document number

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

Registered Agent: JB Grossman, P.A.

Registered Office Address: 150 No. University Dr., Suite 200
Plantation, FL 33324

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

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 So. Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**) Plantation, FL 33324

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]
Signature of a member or authorized representative of a member

Sylvia Williams
Printed or typed name of signer

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. On 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]
Signature of Registered Agent

Madonna Cuddihy
Special Assistant Secretary

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

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SEP 29 AM 8:10
CLERK OF STATE
TALLAHASSEE, FLORIDA