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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Global Wealth Management Advisory

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:

C. Grant Conness

Name of Person

Global Wealth Management Advisory

Firm/Company

2810 East Oakland Park Blvd. Ste. 101

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

gconness@globalwma.com

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

For further information concerning this matter, please call:

C. Grant Conness

...954

533-7144

Name of Person

Area Code & Daytime Telephone Numbe

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: Global Wealth Mana	gement Advisory	
2 (-) D.::-1 -664461::	- 2040 Foot Ooklood Bods Blod	**
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	Ny: 2810 East Oakland Park Bivo.	<u> </u>
(NOIE: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 33306	
(b) Mailing address of limited liability company:	Same	FILE PASS
(Note: MAY BE POST OFFICE BOX)		Si . 60
		mo -
		FLOR
04/18/2011	L11000050436	95 =
3. Date of filing/registration in Florida	4. Document number	₽ 42 PA
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	a Dept. of State:
Registered Agent:	C. Grant Conness	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Registered Office Address:	2740 E. OAKLAND SUITE 201	PARK BLVD.
	FT. LAUDERDALE,	FL 33306 US_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	C. Grant Conness	
NEW Registered Office Address:	2810 East Oakland Park Blvd.	
(MUST BE FLORIDA STREET ADDRESS)	Ste. 101	
	Fort Lauderdale	FL 33306
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.	Florida street address of the	ne registered office
Signature of a member or authorized representative of a member		
C. Grant Conness		
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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress. I hereby confirm that the limited liability company.	l agree to act in this capac proper and complete perfo position as registered agen nerely reflect a change in i any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.

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

Signature of Registered Agent