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|---|----------------|-------------|--|--|--|--|
| (Requestor's Name) | | | | | | |
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Doc | cument Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| • | stration Section sion of Corporations | | | | | |
|----------------------------------|--|------------------------------------|--|---------------|----------------|-------|
| SUBJECT: | Gilbert Financial G | | LLC. | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change | and fee(s) are submitt | ed for filing | g. | |
| | all correspondence concerning th | _ | | · | - | |
| Matt G | ilbert | | | | | |
| | Name of Person | | _ | | | |
| Gilbert | Financial Group, L | LC | | | | |
| | Firm/Company | | | | | |
| 3108 F | Payson Way | | | | | |
| | Address | | | | | |
| Welling | gton, FL 33414 | | | | | |
| | City/State and Zip Code | | | 2 | # 23 | |
| Gilbert | FG@outlook.com | | | # # | 1111 SEP 27 | *e a |
| | dress: (to be used for future annual report noti | fication) | | % (Sign | P 27 | Į bir |
| For further is | nformation concerning this matter, | , please call | : | | | Fi |
| Matt G | ilbert | _{at (} 561 | 704-0645 | | 3: 26 STATE | • |
| | Name of Person | (| Area Code & Daytime Telep | hone Number | | |
| Regis Divis Clifto 2661 | EET/COURIER ADDRESS: stration Section tion of Corporations on Building Executive Center Circle hassee, Florida 32301 | Reg Div P.O | ision of Corporations Box 6327 Bahassee, Florida 32314 | | | |
| Enci | osed is a check for the following | amount: | | | | |
| = \$2 | 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: Gilbert Financial Group | LLC |
|--|--|
| 2. (a) Principal office address of limited liability company | |
| (Note: MUST BE STREET ADDRESS) | Wellington, FL. 33414 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3108 Payson Way Wellington, FL, 33414 |
| 5/2/2011 | L11000051566 |
| 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: | UNFTED STATES CORPORATION AGENTS |
| Registered Office Address: | 13302 WINDER + DAKS (OVAT STE A TAMPA, FL: 33612 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | W Registered Office address MATT GICSENT |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | MELLERON CELLES 414 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. | lorida street address of the registered office |
| Signature of a member or authorized representative of a member | _ |
| Matthew C. Gilbert Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand accept the obligations of my post of the provision of my post of the provision of the p | igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change. |

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