

L11000139610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 3 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR Financial Group, LLC
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:

Stephen D. Deitsch
Name of Person

AR Financial Group, LLC
Firm/Company

6415 Lake worth RD, suite 305
Address

Greenacres FL 33463
City/State and Zip Code

KRobertson @ DW Legal Group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Deitsch at (561) 962-2715
Name of Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 21, 2013

STEPHEN D DEITSCH
6415 LAKE WORTH RD
ST 305
GREENACRES, FL 33463

SUBJECT: AR FINANCIAL GROUP, LLC
Ref. Number: L11000139610

We have received your document for AR FINANCIAL GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00019956

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: AR Financial Group, LLC

2. (a) Principal office address of limited liability company: 6415 Lake worth RD
Suite 305
Greenacres, FL 33463
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 6415 Lake worth RD
Suite 305
Greenacres FL 33463
(Note: **MAY BE POST OFFICE BOX**)

Feb 22, 2012
3. Date of filing/registration in Florida

L11000139610
4. Document number

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

Registered Agent: Stephen D Deitsch

Registered Office Address: 8461 Lake worth RD
Suite 210
Lake worth FL 33467

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

NEW Registered Agent: Stephen D. Deitsch

NEW Registered Office Address: 6415 Lake worth RD
Suite 305
Greenacres, FL 33463
(**MUST BE FLORIDA STREET ADDRESS**)

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 of a member or authorized representative of a member

Stephen D. Deitsch
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. Or, 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 of Registered Agent

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

FILED
AUG 30 PM 3:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE