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/D-		
(Re	equestor's Name)	
(Ad	ldress)	
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(·		
(Cit	ty/State/Zip/Phone #)	1
		
PICK-UP	☐ WAIT	MAIL
· · ·	ısiness Entity Name)	
(50	isiness citity Name,	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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B. BOSTICK
AUG 2 0 2012
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI		ern Financial Consultants, LLC Limited Liability Company	
D C		, , ,	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
	Kelly Everhart		
	Name of Person		
		•	
	Firm/Company		
	Time Company		
		هم ا الله الله الله الله الله الله الله ال	
	805 W Braddock St.		
	Address	12 AUG 17 PH 12: 54	
		7	
	Tampa, FL 33603		
	City/State and Zip Code		
E-	mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this mat	tter, please call:	
	Kelly Everhart	at (813) 956.4763	
	Name of Person	Arca Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRECS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the following	ing 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.

	<u>astern Financial Consultants, L</u>	LU
2. (a) Principal office address of limited liability company	y:	
(Note: MUST BE STREET ADDRESS)	805 W. Braddock St. Tampa, FL 33603	
(b) Mailing address of limited liability company:	same	
(Note: MAY BE POST OFFICE BOX)		
531.12	<u>L12000073062</u>	
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 Sta	te:
Registered Agent:	Stacey Savige	
Registered Office Address:	5010 W. Carmen St. Tampa, FL 33609	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	л F ———
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	805 W. Braddock St.	
	Tampa ,FL_33	
	,i E <u>00</u>	603
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida, it is hereb Florida street address of the registered of tical. Or, in the case of a Florida limit	y office ed
confirmed that after the change or changes are made, the F	laws of the State of Florida, it is hereb Florida street address of the registered of tical. Or, in the case of a Florida limit	y office ed
confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida, it is hereb Florida street address of the registered of tical. Or, in the case of a Florida limit	y office ed

Signature of Registered Agent