

L12000102268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

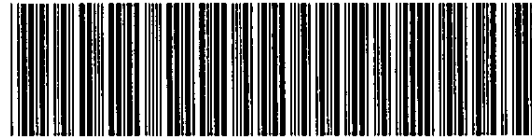
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 05 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDIAN FINANCIAL ADVISORS, 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:

JERRY RAFAEL LOLANDES JR.

Name of Person

FLORIDIAN FINANCIAL ADVISORS, LLC.

Firm/Company

2377 NE 42 AVENUE

Address

HOMESTEAD, FL 33033

City/State and Zip Code

JLOLANDES@FLORIDIANFINANCIALADVISORS.COM

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

For further information concerning this matter, please call:

JERRY R LOLANDES

Name of Person

at ( 305 ) 898-5405

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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.*

INHS18 (2/14)