## 112000102268

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S. WARREN DEC 0 5 2017

## COVERLETTER

-	stration Section ion of Corporations					
SUBJECT:	FLORIDIAN			bility Company		
				, ,		
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Regist	ered Office Char	nge and fe	ee(s) are submitted for filing.		
Please return	all correspondence conce	erning this matte	r to the fo	ollowing:		
JERRZY	RAFHAEL LOLA	NOES JR.				
Name of Person						
FIRELOUAN FINIANCIAL ARMSORS LIC						
FLORIDIAN FINANCIAL ADVISORS, LLC.  Firm/Company						
	•	•				
2	377 NE 42 A	JENUE		_		
Address						
4	OMESTEAD, FL 3	33033				
<u>, '</u> '	City/State and Zip			_		
110	DLANDES (d) FLORI	inlant Cincar	NICIAA	ADUIGAAC CALA		
	address: (to be used for f					
For further in	formation concerning thi	is matter, nlease i	call:			
1 of faction in		is matter, prease	cuii.			
JERRY	R LOLANDES	at (	305	998-5405		
	Name of Person		•	Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDR	ESS:	MA	ILING ADDRESS:		
Registration Section Registration Section						
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32314					
Talla	hassee, Florida 32301					
Enclosed is a check for the following amount:						
\$25 Filing Fee & Certified Co			Filing Fee & Certified Copy			

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Na	nme of the limited liability company:FLORIDIAN	FINA	VOIAL ADVISOR	S, LLC.
2. (a)	2377 NE 42 AVENUE	(b)	2377 /	VE 42 AVENUE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)	Mailing addre	ess of limited liability company: AY BE POST OFFICE BOX)
	( 2377 NE 12 AVENUE )		HOMESTEA	o, Fi 33033
	HOMESTERD, FL 33033	_		
	12/01/2017		L 1200010226	58
3.	Date of filing/registration in Florida	4.	Document	t number
5. (a)	JERRY R. LOLANDES			
()	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:	
	2377 NE 42 AVENUE			•
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	HOMESTEAD ,FL	330	33	SEC SALL
(b)	JERRY RAFHAEL LOLANDE	3 JR	• •	PC. AHAA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>'ess</u> :	
	2377 NE 42 AVENUE			ED 9FST 9FST 6FFT0
	NEW Registered Office Address:			
	HOMESTEAD, FL 33033			بر <b>ن</b> جديد
	, FL_			
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor Tthe limi	ered office and the b npany, it is hereby co ed liability company ability company.	usiness office of the registered onfirmed that the change(s) or as otherwise provided in
			JERRY R.	
	ture of a member or authorized representative of a member			yped name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	e to act i performa for in Ci ereby coi	n this capacity. I fur nce of my duties, and napter 605, F.S. Or, nfirm that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been
Signatu	r of Registered Agent			