## L12000153246

	(Paguastara Nama)		
•	(Requestor's Name)		
(Address)			
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPOVED

LEMIEUX

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

1. The name of the limited liability company is: POLAF	IIS WEALTH MANAGEMENT, L.L.C	
2. (a) Principal office address of the limited liability comapny:	151 Regions Way Suite 2C	
(Note: MUST BE STREET ADDRESS)	Destin FL 32541	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
12/7/2012	L12000153246	
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State	<del>)</del> :
Registered Agent:	HAVENS, JASON E	<del></del>
Registered Office Address:	4481 LEGENDARY DRIVE #200	
	DESTIN FL 32541	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Office address:	•
NEW Registered Agent;	Corporate Creations Network Inc.	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E	
(MUST BE FLORIDA STREET ADDRESS)		
•	Palm Beach Gardens FL 33410	
If the limited liability company is not organized under the laws or changed are made, the Florida street address of the registered identical / Or, in the case of a Florida limited liability company, an affirmative vote of the members of the limited liability company the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or Typec name of signee)	office and the business office of the registered ago it is hereby confirmed that the change(s) was/wen	ent will be c authorized by
I hereby accept the appointment as registered agent and agree to fall statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605, in the registered office address, I hereby confirm that the limited	of my duties, and I am familiar with and accept the F.S. Or, if this document is being filed to merely it I liability company has been notified in writing of i	e obligations of reflect a change
(Signature of Registered Agent)	(B)0-4-	AE SE
Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314	NO.
INHS:8(10/99)		4 NOV 10 ECRETAR) LLAHASSI
Corporate Creations Chicago L.L.C.	• •	10 SSE
3023 N. Clark Street #318 Chicago IL 60657 773-935-3920		AM S

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