

L13000005673

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000244299 3)))



H130002442993ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

FILED
13 NOV -4 AM 9:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
13 NOV -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
PHYSICIANS AND PROFESSIONALS WEALTH ADVISORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER
NOV -5 2013

H1 3000244299 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYSICIANS AND PROFESSIONALS WEALTH 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:

Josie Sorensen

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle · Suite 400

Address

Henderson, NV 89074-7722

City/State and Zip Code

managedcompliance@incorp.com

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

For further information concerning this matter, please call:

Josie Sorensen on behalf of Incorp Services, Inc.

Name of Person

at

(800) 246-2677

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

H1 3000244299 3

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: PHYSICIANS AND PROFESSIONALS WEALTH ADVISORS LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

1301-C PENMAN RD
JACKSONVILLE BEACH, FL 32250

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

1301-C PENMAN RD
JACKSONVILLE BEACH, FL 32250

01/11/2013

L13000005673

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 State

Registered Agent:

BURGER, MARTIN E

Registered Office Address:

1301-C Penman Rd
Jacksonville Beach, FL 32250

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

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

17888 67th Court North

Loxahatchee, FL 33470

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

Martin E Burger

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

on behalf of InCorp Services, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00