

L13000011995

Jul 17, 2013 2:47 PM
Division of Corporations

Barnett, Bolt

No. 2515 P. 1 of 1

Florida Department of State
Division of Corporations
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Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

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LLC REGISTERED AGENT CHANGE
BARNETT, HARPER AND ASSOCIATES WEALTH MANAGEMENT,
LL

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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: Barnett, Harper and Associates Wealth Management, LLC

2. (a) Principal office address of limited liability company: 5401 West Kennedy Boulevard

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

Suite 890
Tampa, FL 33606

(b) Mailing address of limited liability company:

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

5401 West Kennedy Boulevard
Suite 890
Tampa, FL 33606

1/23/2013

3. Date of filing/registration in Florida

L13000011995

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Leslie J. Barnett

Registered Office Address:

601 Bayshore Boulevard
Suite 700
Tampa, FL 33606

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

NEW Registered Agent:

~~Leslie J. Barnett~~ THOMAS G. HARPER

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

5401 West Kennedy Boulevard
Suite 890
Tampa, FL 33606

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

THOMAS G. HARPER

Printed or typed name of signee

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

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

FILING FEE: \$25.00

DNHS18 (05/08)

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