

L130000132739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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15 MAY -8 PM 1:30
SEC. OF STATE
TALLAHASSEE, FLORIDA

CRM 5/11/15
4-9-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

RODNEY WALKER
REW CAPITAL ADVISORS, LLC
465 BRICKELL AVE. #2604
MIAMI, FL 33131

SUBJECT: REW CAPITAL ADVISORS, LLC
Ref. Number: L13000132739

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 315A00007067

FILED
15 MAY -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REW Capital 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:

Rodney Walker
Name of Person

REW Capital Advisors, LLC
Firm/Company

465 Brickell Ave
Address

Miami, FL 33131
City/State and Zip Code

rodney@rewcapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rodney walker at (305) 890-8825
Name of Person 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

FILED
15 MAY -8 PM 1:30
STATE
OF FLORIDA
TALLAHASSEE

**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. Name of the limited liability company: REW Capital Advisors

2. (a) 465 Brickell Ave #2604 (b) 2307 Azalea Dr

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

miami, FL 33131

Gastonia, NC 28054

09/19/2013

L13000132739

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

(b) Rodney Walker

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

NEW Registered Office Address:

465 Brickell Ave # 2604

Miami, FL 33131

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.

Rodney Walker
Signature of a member or authorized representative of a member

Rodney Walker

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 605, 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