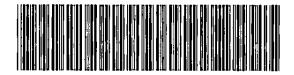
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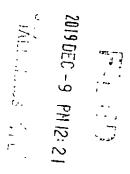
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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DEC 1 10 JUB



November 25, 2019

CHARLES H WOODWARD IV 731 DUVAL STATION RD #107-316 JACKSONVILLE, FL 32218

SUBJECT: PERFORMANCE WEALTH, LLC

Ref. Number: L13000160195

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

You failed to make the correction(s) requested in our previous letter.

Please list a complete address on line 5 (B).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00022880

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations	•
Performance Wealth _ 1	1
SUBJECT:Na	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Charles H. Woodward IV	
Name of Person	
Performance Wealth	
Firm/Company	
731 Duval Station Rd., #107-316	
Address	
Jacksonville, FL 32218	
City/State and Zip Code	<del></del>
shay@performancewealth.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matte	er, please call:
Charles "Shay" Woodward IV	904 404-7844 x3
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	ng amount:
■ \$25 Filing Fee	□ \$55 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.

	Performance \	Wealth	-	
1. Nai	ne of the limited liability company:		- M	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  297 Henry Street	_ (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  731 Duval Station Rd., #107-316	
	St. Augustine, FL 32084		Jacksonville, FL 32218	
	October 10, 2019			
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Charles H. Woodward I			
	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of State:	
9	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
Ø	SA DIGISTA (\$12 3284		Sunset ( and in	Drive
	Jacksonville , FL			
(b)				. 2019 DEC -
	297 Henry Street  NEW Registered Office Address:			9 PH12:2
				21
	St-Augustine FL	320	<u>\$4</u>	
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the many hards.	the regist bility cor f the limi limited li	ered office and the business of mpany, it is hereby confirmed ted liability company or as oth	ffice of the registered that the change(s)
Signa	ure of a member or authorized representative of a member		Printed or typed name	of signee
provisi the obl to mer	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performa I for in C iereby co	in this capacity. I further agre nce of my duties, and I am fan hapter 605, F.S. Or, if this do nfirm that the limited liability	e to comply with the illiar with and accept cument is being filed company has been

Signature of Registered Agent