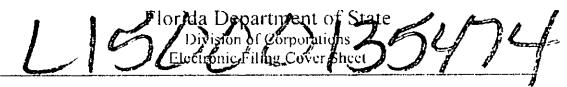
6/4/2018

Division of Corporations



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.

(((H180001691563)))



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

Tc:

Division of Corporations

Fax Number : (850)617-6383

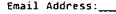
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

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



## LLC REGISTERED AGENT CHANGE CHARTWELL FINANCIAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

## 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.

	me of the limited liability company: CHARTWE	LL FINANCIAL LLC	
2. (a) <sub>-</sub>	601 CLEVELAND STREET Suite 850  Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  CLEARWATER, FL 33755	y: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	08/07/2015  Date of filing/registration in Florida  CORPORATION SERVICE COMPANY	4.	Document number
	Registered Agent and Registered Office shown on the reco Registered Office Address		·
(b)	TALLAHASSEE.  Enter name of NEW Registered Agent and/or NEW Regis		· 
	C.T. Corporation System		_
	Plantation	,FL <sup>33324</sup>	_ <i>e.</i>
the cha agent w was/we	imited liability company is not organized under the new or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	he laws of the State of ess of the registered of ted liability company, i bers of the limited liab	fice and the business office of the register it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Mangent there-		an, Authorized Person
I herel provisi the obl to mere notified	tue of a member or authorized representative of a member by accept the appointment as registered agent an ions of all statutes relative to the proper and coming to the proper and coming the statutes relative to the proper and coming the registered agent as profit reflect a change in the registered office address in the registered of the change.  In writing of this change.	nd agree to act in this complete performance of no ovided for in Chapter was, I hereby confirm the	Printed or typed name of signee apacity. I further agree to comply with the own duties, and I am jamiliar with and accepto, F.S. Or, if this document is being file at the limited liability company has been
	Division of Corporations	•	nassee, FL 32314