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(Requestor's Name)	
(Address)	7002788864
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/09/1501015
(Business Entity Name)	in the second se
(Document Number)	E VIEWS
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	E A A A A A A A A A A A A A A A A A A A

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1. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		*			
SUBJ	Wealth Without Borders LLC)	•			
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the following:			
Chris	tina Heranndez					
	Name of Person					
	Firm/Company					
	1 mil Company					
9250	Belvedere Road Unit 101					
	Address					
Roya	Palm Beach, FL 33411					
	City/State and Zip Code					
cmhe	rnandez1085@gmail.com					
E	E-mail address: (to be used for future ann	ual report n	otification)			
For fu	rther information concerning this matter,	please call:				
Chris	tina Hernandez	561 at (288-8568			
	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			

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.

1. Na	ame of the limited liability company: Wealth With	hout Bord	ers LLC	
2. (a)	•	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9250 Belvedere Road Unit 101		9250 Be	elvedere Road Unit 101
	Royal Palm Beach, FL 33411		Royal P	alm Beach, FL 33411
	09/04/2015		L150001	53840
3.	Date of filing/registration in Florida	4.		Document number
(a)	Christina Hernandez			
. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	te:
	9250 Belvedere Road Suite 101			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	1	_
	Royal Palm Beach	FL_33411		ZOIS NOV
(h)	•			20.5
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		- SSC	
	REGISTERED AGENTS INC.			
	NEW Registered Office Address:			· 2
	3030 N. Rocky Point Drive, STE 150A			
	Tampa	_{FL} 33607		
he cha gent v vas/wa he arti Signa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member dles of organization or the operating agreement of the price of a member or authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address,	of the regis liability co s of the lim he limited l	stered office ompany, it is ited liability iability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. Luck 4 Printed or typed name of signee to comply with the process.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Bill Havre/Assistant Secretary

Signature of Registered Agent