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SECRETARY OF STATE
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1. HARRIS

## COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	Congruent Capital Group, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	See(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	ollowing:			
Emily	Khatir					
	Name of Person		_			
Cong	ruent Capital Group, LLC					
	Firm/Company		_			
6072	SE Crooked Oak Ave					
	Address		<del></del>			
Hobe	Sound, FL 33455					
	City/State and Zip Code		_			
emily	.khatir@congruentcapitalgroup.co	om				
Е	E-mail address: (to be used for future ann	ual report notific	cation)			
For fur	ther information concerning this matter	, please call:				
Emily Khatir		859` at (	806-7629			
	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	Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	<b>☑</b> \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy			

## 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	me of the limited liability company: Congruent Ca	pital C	∍roup, LLC		
2. (a)	Congruent Capital Group, LLC	ſ	b) Congrue	ent Capital Group, LLC	
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· —	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	6072 SE Crooked Oak Ave		6072 SE	Crooked Oak Ave	
	Hobe Sound, FL 33455	<del></del>	Hobe Sound, FL		
	0-9-15		L15000172647		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Congruent Capital Group, LLC				
(b) _	Registered Agent and Registered Office shown on the records of the	::			
	Emily Khatir			-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	5425 SE Schooner Oaks Way			TAE 16	
	Stuart , FL	34997			
	Congruent Capital Group, LLC			8 2 E	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	<u>ldress</u> :		
	Emily Khatir			N 2: 04	
	NEW Registered Office Address:			DIN ↓	
	6072 SE Crooked Oak Ave				
	Hobe Sound ,FL	33455	ı		
the cha agent was/we the arti Signat	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law true of a member or authorized representative of a member by accept the appointment as registered agent and agree	the reg bility c the lir imited En	istered office ompany, it is nited liability liability com nily Khaitr	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  Printed or typed name of signee active. I further agree to comply with the	
the obli to mere notified	ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	for in ereby c	Chapter 605 confirm that	, F.S. Or, if this document is being filed the limited liability company has been	

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