11600001633

(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
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HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJF	Dividend Trade Fund, LLC							
SOBJE	Name of Limited Liability Company							
Dear Si	r or Madam:							
The end	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:					
Richa	rd A. Perea							
	Name of Person							
Divide	end Trade Fund, LLC							
	Firm/Company							
700 B	each Drive NE, #503							
·	Address							
St. Pe	etersburg, FL 33701							
_	City/State and Zip Code							
rperea	a@dividendtradefund.com							
E	-mail address: (to be used for future ann	ual report i	notification)					
For fur	her information concerning this matter,	please call	:					
Richa	rd A. Perea	727	ຸ 954-5138					
-	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	5	\$55 Filing Fee & Certified Copy					



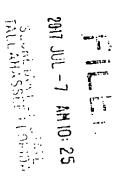
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2017

RICHARD A PEREA 700 BEACH DR NE #503 ST PETERSBURG, FL 33701

SUBJECT: DIVIDEND TRADE FUND, LLC

Ref. Number: L16000001633



We have received your document for DIVIDEND TRADE FUND, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00012715

www.sunbiz.org

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.

Na	me of the limited liability company: Dividend Trad	le Fun	d,	LLC	
(a)	3914 Turkey Oak Drive	(1	b) `	3914 Tu	rkey Oak Drive
(") .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Valrico, FL 33596	_	\ -	/alrico F	FL 33596
	December 22, 2015		L.	1600000)1633
	Date of filing/registration in Florida	4.			Document number
(a)	Wealth Management Associates, LLC				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	3914 Turkey Oak Drive	22500			Āos 😕
	Valrico .FL	33596) —		
(b)					A I C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			258:	7 ANIO: 21
	NEW Registered Office Address.				: 2 5
	700 Beach Drive NE #503	<u> </u>			
	St. Petersburg . FL.	33701	Ì		
cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regi bility of the lin limited	iste om nite lial	red office pany, it is d liability	and the business office of the registere shereby confirmed that the change(s) y company or as otherwise provided in spany.
ignat	ure of a member or authorized representative of a member	- 10			Printed or typed name of signee
ovisie v obli mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p 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.	perforn	nani	ce of my o	luties, and I am familiar with and acce

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

Signature of Registered Agent