

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

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

Email Address: edd550@aol.com

LLC REGISTERED AGENT CHANGE  
SEDONA FINANCIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2021 OCT -1 AM 8:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 OCT -1 AM 10:44

FILED

1/1

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**• 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. Name of the limited liability company: SEDONA FINANCIAL LLC

2. (a) 791 CRANDON BOULEVARD

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 1007

KEY BISCAYNE, FL 33149

(b) 791 CRANDON BOULEVARD

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUITE 1007

KEY BISCAYNE, FL 33149

06/01/2016

Date of filing/registration in Florida

L16000105566

4.

Document number

3. (a) CF REGISTERED AGENT, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 S. ASHELY DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400

TAMPA

FL 33602

(b) NRAI SERVICES, INC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1200 SOUTH PINE ISLAND ROAD

NEW Registered Office Address:

PLANTATION

FL 33324

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STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

EDSON FERREIRA DA SILVA

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Natalie Lebe-Paul  
Signature of Registered Agent

Natalie Lebe-Paul, Assistant Secretary

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