L16000128398

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
(-									
PICK-UP WAIT MAIL									
(Dusiness Fath Name)									
(Business Entity Name)									
(Document Number)									
(Localient Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
,									

Office Use Only



800289366908

08/29/16--01022--001 **160.00

No 30 2016 RIS

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	SWFL ADVISORY SERVICE	ES, LLC						
SCIGI		e of Limited Liab	ility Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and fee	e(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
Charl	les R. Meador, Jr.							
	Name of Person		•					
Charles R. Meador, Jr., P.A.								
	Firm/Company		•					
2085	Estero Boulevard							
	Address		•					
Fort I	Myers Beach, FL 33931							
 ,	City/State and Zip Code		•					
gwalt	ter@injectech.com							
E	E-mail address: (to be used for future ann	ual report notifica	ition)					
For fu	rther information concerning this matter,	please call:						
Charl	les Meador	239	463-6619					
	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					
INHSI	8 (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	me of the limited liability company: SWFL ADVISO	DRY S	SER'	VICES,	, LLC			
2. ((a)	7317 Estero Boulevard, #C1	n	_{b)} 73	317 Est	tero Boule	vard, #	C1	
,	(<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-, <u> </u>	M	lailing address (Note: MAY	of limited	liability	
		Fort Myers Beach, FL 33931	-	Fo	rt Mye	rs Beach,	FL 339	931	
		07/06/2016	-		00012	8398			
3.		Date of filing/registration in Florida	4.		I	Document n	umber		
5.	(a)	Curley, Charlene							
	. ,	Registered Agent and Registered Office shown on the records of the 127 Albatross Street	e Florid	a Dept	t. of State:				
(b)		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					TALI	9 57	
		Fort Myers Beach ,FL	33930)		ARCIARY ARASSA			er vege er er e
	/L\	Walter, Gert					43	0	2 899
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			:			in the second	
		30 Bayview Boulevard				OF STATE		PN 12: 47	^ح س بيوسين م
	الدوية ه	NEW Registered Office Address:					4 .		
		Fort Myers Beach , FL 3	33931						
the age was	cha nt v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liab	he regi bility co the lin imited	istere ompa nited liabil	d office my, it is liability ity comp	and the bus hereby conf company or	iness off	fice of nat the	the registered change(s)
	ionat	use of almember or authorized representative of a member	Ge	ert W	alter	Drinted on type	d ===== a	Caia	
I h pro the to n not	erel visi obli nere ified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided ity reflect a change in the registered office address, I he in yriting of this change	e to ac perform for in ereby c	t in the nance Chap confir	his cana	Printed or type city. I furth the second in F.S. Or, if the limited lid	er naree	to cor	nply with the th and accept is being filed y has been
4		Division of Corporations • P.O. Bo	ox 632	7• T:	allahass	see, FL 3231	14		