## L16000138410

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ALLAHASSEE, FLORIDA

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## $_{\rm s}$ COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: FINMATTELS, LLC							
	Name of	Limited Liability Company					
Dear S	ir or Madam;						
The en	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please	return all correspondence concerning this ma	itter to the following:					
	DENNIS DOANE						
	Name of Person						
FINMATTERS   ONLINE TRADING ACADEMY Firm/Company							
1/300 4th STATET NIMITH, SMITE 110  Address							
ST. IETELS BULL FL 33716  City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, plea	se call:					
Dennis Duane at (727) 619-1007  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 amo	ount:					
	\$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	me of the limited liability company: FINMATE	ERS, U	,0	
	Principal office address of limited liability company:	(b)		of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )			BE POST OFFICE BOX)
	3760 CASEY KLY RD		3760	CASEY ELY CO 5, FL 34275
	Nokomis, Fc 34275		Nokomi	5 , FL 34275
	Date of fling/registration in Florida		L160	00138410
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)	CT CORPORATION			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dep	t, of State:	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	_ <del></del>	30 <b>6</b>
	3760 CASEY KEY LD			<b>2</b> 22 1
	Notionis	34	1275	No. 27
(b)	DENNIS DOANE  Enter name of NEW Registered Agent and/or NEW Registered (	Office address	<u></u>	A & Z
				ORIUA ORIUA
	NEW Registered Office Address:			
	1 300 4th STREET NONTH,	SUITE	110	
	St. Peters and FL	33	3716	
the cha agent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registere bility compa f the limited	ed office and the busi any, it is hereby conf Tiability company or	ness office of the registered irmed that the change(s)
	Wor	_	DENNIS	
_	ture of a member or authorized representative of a member			ed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ee to act in i performance I for in Chaj iereby confi	his capacity. I further of my duties, and I of the following of the following that the limited lies.	er agree to comply with the am Jamiliar with and accept this document is being filed ability company has been
Signatu	ire of Registered Agent			