

L16000139512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

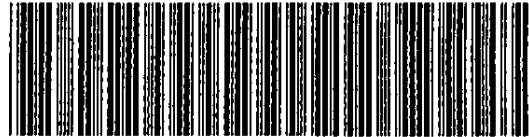
(Business Entity Name)

(Document Number)

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2018 APR -9 P 2:22  
Filing Office of the  
Clerk of the Court

**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: BOSTON WEALTH MANAGEMENT, LLC

2. (a) 19595 US HWY 84 EAST (b) PO BOX 95  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

BOSTON GA 31626 BOSTON, GA 31626

3. 07/25/2016 4. L16000139512  
Date of filing/registration in Florida Document number

5. (a) CARLTON, MATTHEW W  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17200 GRASSY POINT LANE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32309

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

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.

Jill E. Cilmi Jill Cilmi, Authorized Person  
Signature of a member or authorized representative of a member 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.*

Grace E. Kirby  
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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

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Mailing address of limited liability company:  
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BOSTON GA 31626

BOSTON, GA 31626

07/25/2016

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17200 GRASSY POINT LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32309

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED  
2016 APR -9 P 2:20  
TALLAHASSEE, FLORIDA

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Jill E. Cilmi  
Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

Printed or typed name of signee

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Grace E. Kirby  
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 5, 2018

Order#: 142825/011

Re: BOSTON WEALTH MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn:Valerie Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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2018 APR -9 P 2:20  
WILMINGTON, DE