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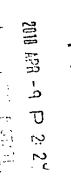
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Certified Copies Certificates of Status											
Special Instructions to Filing Officer:											

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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.	Na	ame of the limited liability company: BOSTON WEA	ALTH MAI	NAGEMEN	IT, LLC		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	) <u>PO BC</u>	OX 95  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		BOSTON G/ 31626		BOSTO	N, GA 31626		
		07/25/2016		L160001			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)				_		
		Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Sta	te:		
		17200 GRASSY POINT LANE					
		Registered Office Address (MUST BE FLORIDA STREET	2				
		TALLAHASSEE , F	L 32309	)	APR - 9		
	(h)	Corporation Service Company			TO FEE		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	2 20		
		1201 Hays Street					
		NEW Registered Office Address:			_		
		Tallahassee , FI	L 32301				
the ag wa	e cha ent v is/we	imited liability company is not organized under the la unge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the f the regis iability co of the lim	stered offic ompany, it ited liabili	ee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
	<del></del>	Lee & Cone	Jill (	Jill Cilmi, Authorized Person			
	_	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr thi to	ovisi e obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to act e perform ed for in C hereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the aduies, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Ki	irby, Asst. Vice President		

## 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: $\_$	BOSTON WEALT	TH MAN	AGEMENT	, LLC			
2.	(a)	19595 US HWY 84 EAST		(b) PO BOX 95					
	(")	Principal office address of limited liab (Note: MUST BE STREET AD		_ (-)		Mailing address of (Note: MAY BE			
		BOSTON G	3/ 31626	<u> </u>	BOSTON	I, GA 31626			
		07/25/2016		_	L1600013	9512			
3.		Date of filing/registration in I	Florida	4.		Document num	ibei	r	
5.	(a)	CARLTON, MATTHEW W							
		Registered Agent and Registered Office shown	on the records of the	e Florida l	Dept. of State	::			
		17200 GRASSY POINT LANE							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		TALLAHASSEE	, FL	32309		· 		2018	*IL C. TA
	(b)	Corporation Service Company				·		20 20 20 20 20 20 20 20 20 20 20 20 20 2	ar d
	(5)	Enter name of NEW Registered Agent and/or	NEW Registered O	office add	ress:	· .		٥	in some
		1201 Hays Street				[·]		U	
		NEW Registered Office Address:						2: 20	
		Tallahassee	, FL	32301					
the ag wa	e cha ent w s/we	mited liability company is not organize nge or changes are made, the Florida's vill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	ed under the laws treet address of the orida limited liab of the members of	s of the S he regist bility cor the limit mited lia	ered office npany, it is ted liability ability com	e and the busine is hereby confirm of company or a sipany.	ss o	office of that the	of the registered he change(s)
_,	Signat	ure of a member or authorized representative of	Jill C	ilmi, Author	rized Person Printed or typed r	ame	of sign	ice .	
I i pri the to no	herel ovisi obli mere tified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered as ly reflect a change in the registered of in writing of this change.  The of Registered Agent Corporation Services	d agent and agree r and complete p gent as provided fice address, I hë	erforma for in Ci creby coi	nce of my o hapter 605 nfirm that i	acity. I further	agr i fai is de ility	ree to c miliar ocumei comp	comply with the with and accept nt is being filed any has been



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

r; U

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 5, 2018

1

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