

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L16000190736**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391879 3)))



H220003918793ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITAL LEGAL GROUP PA
Account Number : I20210000025
Phone : (305)676-0924
Fax Number : (305)676-0924

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

Email Address: Dpadilla@cglaws.com

**LLC REGISTERED AGENT CHANGE
ANTHEM ADVISORS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

C. BRUMBLEY

NOV 18 2022

2022 NOV 17 PM 12:04
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

2022 NOV 17 PM 12:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anthem Advisors LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Shapiro

Name of Person

Capital Legal Group PA

Firm/Company

1110 Brickell Avenue

Address

Suite 505, Miami, FL 33131

City/State and Zip Code

lshapiro@clglaws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro

305

489-1444

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DocuSign Envelope ID: 32C3B6DD-6235-49F1-8924-AEC859947534

(((H22000391879 3)))

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: Anthems Advisors LLC

2. (a) 2600 Douglas Road

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite 1104

Coral Gables, FL 33134

(b) 2600 Douglas Road

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 1104

Coral Gables, FL 33134

10/14/2016

L16000190736

3. Date of filing/registration in Florida

4. Document number

5. (a) Jimmy Gonzalez

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

2600 Douglas Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 1104

Coral Gables, FL 33134

(b) Capital Enterprise Solutions, LLC

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


1110 Brickell Avenue

NEW Registered Office Address:

Suite 505

Miami, FL 33131

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.

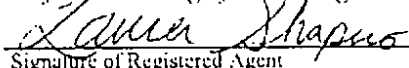


Signature of a member or authorized representative of a member

Jimmy Gonzalez

Printed or typed name of signer

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.



Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2022 NOV 17 PM 12:04
STATE OF FLORIDA
TALLAHASSEE, FL