L 17000/7565/ Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010 GLORLIARY OF STATE

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LLC REGISTERED AGENT CHANGE FREEDOM WEALTH SERVICES LLC

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JUN 08 2021

A. LUNT

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.

r tortaa.	r				SERVICE	:S11C
1. Name	of the limited liability company:				· ·	.5 LLC
2. (a) 82	22 North A1A		(b)	822 No	rth A1A	
2. (4)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 310 Attn Bill Constain Suite 114			
5	Suite 310 Attn Bill Constain Suite	114				
F	Ponte Vedra Beach, FL 320	82	Ponte Vedra Beach, FL 32082			2082
O	8/16/2017		1	L170001	75651	
3.	Date of filing/registration in Flo	orida	4.		Document number	
	Constain, William, CEO					
	rgistered Agent and Registered Office shown o	n the records of th	e Florida	Dept, of State	::	
	5237 SUMMERLIN COMMO					
_	egistered Office Address (MUST BE FLOR		DDRESS	1	•	
	SUITE 400					
_			22007		-	TA : 21
F	FORT MYERS	, FL <u>.</u>	33907	<u> </u>	-	121 121
. F	Registered Agents Inc	· ••				FILED 2021 JUN -7 PH SELRLIARY OF ALLAHASSEE, F
	nter name of NEW Registered Agent and/or		Office ad	dress:	-	FILE UN -7 HASSER
•	7901 4th St N				-	2 2:
2	NEW Registered Office Address:					50 50
	STE 300	<u>.</u>			-	Ja -
	St. Petersburg	FI	33702	2		
-					-	Come dishat often
the chan	nited liability company is not organize ge or changes are made, the Florida sta Il be identical. Or, in the case of a Flo e authorized by an affirmative vote of les of organization or the operating ag	orida limited lia the members o	the regional shift in the line of the line	ompany, it i nited liabilit	is hereby confirmed ty company or as off	that the change(s)
D.	, P1		Rile	ey Park		
Signature of a member or authorized representati		a member	V		Printed or typed name	
provisio the oblis to merel	waccept the appointment as registered as of all statutes relative to the proper gations of my position as registered as wreflect a change in the registered off in writing of this change. Bill Havre	l agent and agr r and complete gent as provided fice address, I l - Assistan	d for in hereby c	Chapter 60 confirm that	oacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been
Signature	of Registered Agent		. = = ••	•		