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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC	REGISTERED AGENT	CHANGE
	MULTIGEN WEALTH,	LLC

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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

Florid			
1. N	ame of the limited liability company: MULTIGE	EN WE	ALTH, LLC
2. (a)	6900 TAVISTOCK LAKES BLVD,	(b) 6	900 TAVISTOCK LAKES BLVD,
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 400	S	UITE 400
	ORLANDO, FL 32827		RLANDO, FL 32827
	11/16/2017	L1	7000237080
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NISHAD KHAN, PL		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	of State:
	617 E COLONIAL DR.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	ORLANDO	32803	20 EC 1
(b)	Registered Agents Inc.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u> </u>
	7901 4th St N		
	NEW Registered Office Address:		7 =
	STE 300		
	St. Petersburg	33702	
the ch agent was/w the art Sign I here provis the ob- to men	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the case of organization or the operating agreement of the latter of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member or authorized tepresentative of a member of a member or authorized tepresentative of a member of a memb	ability comp of the limited limited liab Riley F	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. Park Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept one of 05. F.S. Or, if this document is being filed

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

Signature of Registered Agent