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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Friancial Bejaclasts, LLC Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | · | | | |
| The enclosed Registered Agent/Registered Office Change a | nd fcc(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the | ne following: | | | |
| Prifer E7113 Name of Person | | | | |
| Kinancial Broad costs LLC. Firm/Company | | | | |
| 817 E. Hillsboro Blud. Address | | | | |
| Deerseld Beach, R 38441 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Sennifer Ellis at (50) Name of Person | Arca 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 | | | |

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:FINANCI | al Beor | ideasts, LC |
|--|--|---|--|
| | 2598 E. Suneuse Bivd | (b) | |
| (/-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 2104 | - | |
| | Ft. LAuderdale. TL 33304 | | |
| | 8-2-2018 | | L1800185596 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | RICHARD RETAMAR | | |
| | Registered Agent and Registered Office shown on the records of th | e Florida Dept. of S | tate: |
| (b) | Registered Office Address (MUST BE FLORIDA STREET AND LOS E. Hill'sboro Blvd Deperteus Beach, FL Richard Retamer Enter name of NEW Registered Agent and/or NEW Registered Control of New Registered Cont | 33441 | FILED 2020 AUG 24 PH 1: 30 SLCRETARY OF STATE TALLAHASSEE, FL |
| | NEW Registered Office Address: 1085 E. Hillsboro B Deer Field Beach, FL | ~~ | |
| Signa I here provise the obte to mere | imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | registered office bility company, in the limited liability company committed liability committed liability committees and the committees are to act in this committees. | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee |

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

Signature of Registered Agent