## L19000063238

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
Flex Financial Services, LL SUBJECT:	С	
	me of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to	the following:
Erum Brown		
Name of Person		<del></del>
Flex Financial Services, LLC		
Firm/Company		
7860 W. Commercial Blvd. Ste. 167		
Address		
Lauderhill, FL 33351		
City/State and Zip Code		<del></del>
flexfinancialsvcs@gmail.com		
E-mail address: (to be used for future an	nual report n	otification)
For further information concerning this matter	r. please call:	
Erum Brown	954	461-7452
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:	
<b>☑</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: Flex Financia	al Servic	es, LLC		
2. (a		7860 W. Commercial Blvd. Ste. 167	7860 W. Commercial Blvd. Ste. 167			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		Lauderhill, FL 33351		Lauderh	ill, FL 33351	
		3/5/2019		L1900006	3238	
3.		Date of filing/registration in Florida	4.		Document number	
5. (	(a)	Erum Brown				
, ,		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	#	
		3241 Holiday Springs Blvd Apt 305				
		Registered Office Address (MUST BE FLORIDA STREET  Margate, FL 33063	2	20		
		, F1				
0	h)	Erum Brown			1	
(b)		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	lress:	- t i	
		7860 W. Commercial Blvd. Suite 167			9	
		NEW Registered Office Address:				
		Lauderhill, FI	33351			
the dager was/	cha it w we	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis lability co of the lim	tered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
_		En Dan	Eru	m Brown		
•	-	ture of a member or authorized representative of a member			Printed or typed name of signee	
prov the o to m	risio obli rere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	ree to act e performe ed for in C hereby co	in this cape ince of my d hapter 605 infirm that i	icity. I further agree to comply with the hities, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent