L19000104761

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/06/2023	
Name:	Merritt Walker	_
Reference #:	2024534	_
		ADVISORY PARTNERS, LLC
Article	s of Incorporation/Authorization	to Transact Business
Amend	dment	
✓ Chang	ge of Agent	
Reinst	atement	
Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25	
Signature:	mw	

P; 800.221.0102

F: 800.944.6607

@ ASIA PACIFIC HQ

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. N	Same of the limited liability company:SAR	ASOTA NAPLI	SOTA NAPLES ADVISORY PARTNERS, LLC		
2. (a)	No Change	(ħ)	No Change		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: **INote: MAY BE POST OFFICE BOX**		
	4/16/2019	- <u>-</u>	L19000104767		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	FOX, JAMES S Registered Agent and Registered Office shown on the records of the state of the st				
	Registered Agent and Registered Office shown on the records of the Gazantee Agent and Registered Office shown on the records of the Registered Agent and Registered Office shown on the records of the Registered Agent and Registered Office shown on the records of the Registered Agent and Registered Office shown on the records of the Registered Agent and Registered Office shown on the records of the Registered Office shown on the Registe	me and a second			
	Registered Office Address (MUST BE FLORIDA STREET A	34119 FLE 2			
	NAPLES , FL	34119	TATE		
(b)			<u>.</u>		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:				
	Tallahassee , FI.	32301			
the ch agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered oblity company in the limited lie.	office and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	/s/ Nathan T. Johns		Nathan T. Johns		
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi.	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided	verformance o _i	f my duties, and I am familiar with and accept		

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.

/s/ Merritt Walker, Asst. Secretary, Cogency Global Inc.

Signature of Registered Agent