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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	RWF WEALTH MANAGEMENT LLC Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	I Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to t	ne following:			
Cheyenne	Moseley					
	Name of Person					
Legalzoon	n.com, Inc.					
	Firm/Company					
101 N. Bra	and Blvd., 10th Floor					
	Address					
Glendale,	CA 91203					
	City/State and Zip Code					
rf5827@a	ol.com					
E-mail	address: (to be used for future annu	al report no	tification)			
For further in	nformation concerning this matter, p	lease call:				
Cheyenne	Moseley	800 at (773-0888 ext 9724			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
□ \$2	25 Filing Fee	2	\$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: RWF WEALTI	Н МА	NA	GEMEN	T LLC
2.						
	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	, <u>-</u>	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5827 Cove Circle			5827 Cov	ve Circle
		Naples, Florida 34119	- -	1	Naples, F	Florida 34119
		04/25/2019		L	1900011	2959
3.		Date of filing/registration in Florida	4.		I	Document number
5	(a)					
υ.	(4)	Registered Agent and Registered Office shown on the records of th UNITED STATES CORPORATION AGENTS			ept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>(S)</u>		
		5575 S. Semoran Blvd., Suite 36				
		Orlando	32822	2		- 1
		, FL_			 -	1022
	(b)					
		er name of NEW Registered Agent and/or NEW Registered Office address:				226
		Robert Frailey				S MO STATE
		NEW Registered Office Address:			_	TS D. E.
		5827 Cove Circle				25
		Naples, FL	34119	3		
the age	cha ent w s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	he reg pility c the lir	iste com nite	ered office spany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			Ro	bbe	ert Frailey	1
5	Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
pre the to	ovisio obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. Robert Frailey	e to ac perform for in ereby c	ct ir nan Ch con	n this capa ice of my d apter 605, firm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sig	gnatur	re of Registered Agent				
		Division of Corporations P.O. Bo	ox 632	7∙	Tallahass	see, FL 32314

FILING FEE: \$25.00