L19000176693

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200390683722

07/13/22--01017--022 **25.00

2022 JUL 15 PH 12: 20

COVER LETTER

SUBJECT: Arthurs Wealth Managment LLC			
Nan	ne of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Brandon Arthurs			
Name of Person			
Arthurs Wealth Management LLC		_	,
Firm/Company		7022 30E 13	3
220 Ponte Vedra Park Drive Suite 200		-	≘ -
Address		<u> </u>	л P
Ponte Vedra Beach, Fl 32082			PM 12: 20
City/State and Zip Code		!	00
Brandon@arthurswealthmanagement.com			
E-mail address: (to be used for future ann	iual report noti	fication)	
For further information concerning this matter.	please call:		
Brandon Arthurs	904 at (489-7890	
Name of Person		Area 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		

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.	Name of the limited liability company: Arthurs Wealth	Management LLC	_		
2. (a	Arthurs Wealth Management LLC	(h)	(b) Arthurs Wealth Management LLC		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	220 Ponte Vedra Park Drive Suite 200	220 Ponte	Vedra Park Drive Suite 200		
	Ponte Vedra Beach, Fl 32082	Ponte Ved	fra Beach, Fl 32082		
	07/09/2019	1.19000176	5693		
3.	Date of filing/registration in Florida	4.	Document number		
5. (UNITED STATES CORPORATION AGENTS, INC.				
(Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD	2022 JUL 15			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>) 5575 S. SEMORAN BLVD 36	<u> (ADDRESS)</u>	ELECTHY SET		
	ORLANDO . F		PH 12: 20		
(t	Brandon Arthurs Enter name of NEW Registered Agent and/or NEW Registered	of Office address:	- 20		
	220 Ponte Vedra Park Drive Suite 200				
	NEW Registered Office Address:		_		
	220 Ponte Vedra Park Drive Suite 200		_		
	Ponte Vedra Beach F	L_32082	_		
chan agen was/	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members articles of organization or the operating agreement of the	e registered office an iability company, it is of the limited liabilit	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.		
Sig	mature of a member or authorized representative of a member		Printed or typed name of signee		
prov the o to me	reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, the writing of this change.	e performance of my	duties, and I am familiar with and accept-		
Sign	ature of Registered Agent				