121000002509

(Requestor's Name)
(Äddress)
(Adcress)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 JAN 31 AM 8: 51



A. BUTLER FEB - 1 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 422126 _ 7392006

AUTHORIZATION : Open Comments

COST LIMIT : \$ 25.00

ORDER DATE: January 31, 2023

ORDER TIME : 10:07 AM

ORDER NO. : 422126-010

CUSTOMER NO: 7392006

CHANGE OF AGENT

NAME: STEIN FAMILY CEDARWOOD

ADVISORS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

Division of Corporations		
Stein Family Cedarwood Advisor	rs, LLC	
	me of Limited Lia	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	 fice Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning th	 vis matter to the fo 	llowing:
Kathy Obbie		
Name of Person	<u> </u>	_
Name of Ferson		
FSI Group, LLC		
Firm/Company		_
7875 Montgomery Road, Suite 42		
Address	<u> </u>	_
Cincinnati, OH 45236		
City/State and Zip Code		_
kobbie@fsig.com		
E-mail address: (to be used for future an	nual report notific	ation)
For further information concerning this matter	r, please call:	
Kathy Obbie	513	362-3260
Name of Person	<u> </u>	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 followin	g amount:	
□ \$25 Filing Fee	\$5	5 Filing Fee & Certified Copy
TNHS18 (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. N	ame of the limited liability company:	edarwo	od Advis	ors, LLC
2 (a)			(b)	
2. (4)	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)
	3700 S Ocean Blvd, Unit 1606		3700) S Oœan Blvd, Unit 1606
	Highland Beach, FL 33487		High	land Beach, FL 33487
	12/28/2020		L2100	00002509
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	Eric Stein			
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. o	of State:
			-	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>55)</u>	LOZZI JA
	1201 Hays Street			1023 JAN 31
	Tallahassee	32301		_
(b)				C4
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	m =
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee, Fi	32301 L		
If the I	imited liability company is not organized under the la	ue afth	a Stata c	of Florida, it is house, on Formed that after the
change agent v was/we	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members ities of organization of the operating agreement of the	e registe iability of of the list ilmited	red offic ompany nited lis	te and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agricons 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 d in writing of this change.	ree to ac perform d for in hereby c	t in this nance of Chapter confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatur	Assay: Wilbid assisten - va proceed			
- GHANK	o at trepresent uffert			