## 121000235272

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(Address)						
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## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	PRIMUS WEALTH LLC					
	ì	Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered	Office Chan	ige and fee(s) are submitted for filing.			
Please ret	turn all correspondence concerning	this matter	to the following:			
JOSH BE	NNETT					
	Name of Person		<del></del>			
LAW FIR	RM OF JOSH N. BENNETT, ESQ., P.	Α.				
	Firm/Company					
500 SE 18	STH COURT					
	Address					
FORT LA	UDERDALE, FL 33316					
	City/State and Zip Cod	e				
josh@josł	nbennett.com					
E-m	nail address: (to be used for future	annual repo	rt notification)			
For furthe	er information concerning this mat	ter, please c	all:			
JOSH BE	NNETT	at (	954-779-1661 )			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	Aailing Address: Registration Section Division of Corporations O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the followi	ing 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.

l. N	ame of the limited liability company: PRIMUS WEALTH I	LLC		· · · · · ·
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	• • •		
	Date of filing/registration in Florida 4	1.	Document number	20
(a)	Registered Agent and Registered Office shown on the records of the F NRAI SERVICES, INC.	Florida Dept. of State	TALL AHASSI GITLORITA	2021 JUN 14
	Registered Office Address (MUST BE FLORIDA STREET ADD 1200 SOUTH PINE ISLAND ROAD		F AH 8	
	PLANTATION ,FL 333	324	DRILLA	8: 26
	Enter name of NEW Registered Agent and/or NEW Registered Office JOSHUA N BENNETT	ice address:		
	NEW Registered Office Address: 500 SE 18TH COURT			
	FORT LAUDERDALE ,FL 333	316		
ange ent v is/w	imited liability company is not organized under the laws of c or changes are made, the Florida street address of the regi- will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limi	f the State of Flo istered office and ty company, it is e limited liability	I the business office of hereby confirmed that company or as otherw	the registered the change(s)
	barr	JOSHUA N BEN	NETT	
	ture of a member of authorized representative of a member		Printed or typed name of sign	-
ovisi 2 obi mer	hy accept the appointment as registered agent and agree to ions of all standes relative to the proper and complete perficients of my position as registered agent as provided for ely reflect a change in the registered office address. I hereld in writing of this change.	ormance of my d in Chapter 605	luties, and Lam familia FS Or if this docum	r with and accer ent is being filed
ignatu	re of Registred Again			
	Division of Corporations P.O. Roy	6327a Tallakass	ong El 22214	

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