From: Janet Koh

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE SAFE HARBOR FINANCIAL ADVISORS LLC

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Electronic Filing Menu Corporate Filing Menu

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TO:

Paga: 3 of 4

## COVER LETTER

TO:	-	stration Section sion of Corporations					
SUBJE	FCT.	SAFE HARBOR FINANCIAL ADVISORS LLC					
301371		Name of Limited Liability Company					
Dear S	ir or N	Aadam:					
The en	closed	Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return	all correspondence concerning th	is matter to the	following:			
Chey	enne	Moseley					
		Name of Person		_			
Legal	Izoon	n.com, Inc.					
		Firm/Company		_			
101 N	N. Bra	and Blvd., 10th Floor					
		Address		_			
Glend	dale,	CA 91203					
		City/State and Zip Code		_			
		gmail.com					
E	E-mail	address: (to be used for future ann	ual report notif	ication)			
For fur	ther it	iformation concerning this matter,	please call:				
Chey	enne	Moseley	800 at (	773-0888 ext 9724			
		Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		stration Section sion of Corporations on Building Executive Center Circle	Re Di P.o	AILING ADDRESS: Ogistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
	Encl	losed is a check for the following amount:					
	<b>-</b> \$2	25 Filing Fee	<b>2</b> 1 \$	55 Filing Fee & Certified Copy			
ENTIST	8 (2/14	<b>(</b> )					

Page: 4 of 4

## 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.

I. Na	ume of the limited liability company: SAFE HARBO	R FINANCIA	L ADVISORS LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	2454 N MCMULLEN BOOTH RD	2454 N N	MCMULLEN BOOTH RD		
	OFYC 715 700, CLEARWATER, FL 33759	5 700, CLEARWATER, FL 33759			
	09/13/2021	L2100	0404696		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
, ,	Registered Agent and Registered Office shown on the records of the	Sinte:			
	UNITED STATES CORPORATION AGENTS	S, INC.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		POZI SEP		
	5575 S. SEMORAN BLVD. 36				
	ORLANDO	32822	DF COF		
	,,		OF STATE APPORATE		
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of NEW Registered Agent und/or NEW Registered	Office address:	<b>7</b> 9		
	Jody Zellner				
	NEW Registered Office Address:		<del></del>		
	601 Brigadoon Dr				
	oo t Brigadoon Br		<del></del>		
	Clearwater Fi.	33759			
the chi agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member	the registered o ibility company, If the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
provis the ob- to mer notifie Signal	by accept the appointment as registered agent and agraions of all statutes relative to the proper and complete divations of my position as registered agent as provided rely reflect a change in the registered office address. It is in writing of this change.  Division of Corporations • P.O. L	performance of it for in Chapter hereby confirm t Box 6327• Tall:	my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been		
JUUY .	- Division of Corporations (1.0)	3ox 6327● Tali: EE: \$25.00	ahassee, FL 32314		