To: 18506176383

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Division of Corporations

From: Registered Agents Inc.

Fax: 8134365206

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

E11	Address.			

LLC REGISTERED AGENT CHANGE FIDUCIARY TRUST PRIVATE WEALTH COUNSEL LLC

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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	lame of the limited liab	ility company:	duciary Trust Priv	rate Wealth Cou	nsel LLC				
2. (a)	l			(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address o	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
				_	-				
_	11/02/21			L21000	475370	-			
3.	_	g/registration in F		4.	Document nt	unber			
5. (a	· · · · · · · · · · · · · · · · · · ·	*****************************	· · · · · · · · · · · · · · · · · ·						
	Registered Agent and Regi	istered Office shown	on the records of th	e Florida Dept. o	f State:				
	476 RIVERSIDE AVE.								
	Registered Office Address	: <u>(MUST BE FLO</u>	KIDA STREET AI	DDRESS)					
	JACKSONVILLE		FL	2202		TALL:	2024 JAN 1 6	م د د.'	
(b)						LLAHASSEL ELÖRIO	JAN I E	F	
	Enter name of NEW Regis	stered Agent and/or [NEW Registered (Office address:			—n	[1]	
	7901 4th St N					. 61.0	, PK 3: 0	C	
	NEW Registered Office A	ddress:			 	25	10		
	STE 300					_			
	St. Petersburg		FL_	3702					
the ch agent was/w	limited liability companange or changes are mawill be identical. Or, in the authorized by an afficient of organization or	de, the Florida str the case of a Flo firmative vote of t	eet address of t rida limited liat the members of	he registered o pility company the limited lia	office and the busing it is hereby confi- bility company or	ness office rmed that	of the r	registered age(s)	
				Robin Jones					
Sign	Tu-band be intuited of a member of authorized	ed representative of a	member		Printed or typed	I name of sig	gnee		
I here provis the ob to mer natibe	by accept the appointmions of all statutes relations of my position ely reflect a change in the firm writing of this charges.	nge.			capacity. I furthe my duties, and I a 605, F.S. Or, if the that the limited lia	r agree to m familia his docum bility com	comply r with ai ent is be pany ha	with the nd accept ring filed s been	
	are of Registered Agent	David Roberts	- Assistant Sec	retary					