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(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:						

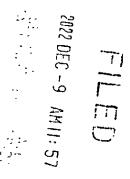
Office Use Only

A. RIVERS FEB 2 8 2023



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COVER LETTER .

TO: Registration Section Division of Corporations	·
SUBJECT: WEALTHPLAN RISK MANAGEMENT LLC	
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
David Warshaw	
Name of Person	
WEALTHPLAN RISK MANAGEMENT LLC	
Firm/Company	
3389 Sheridan St. #473	
Address	
Hollywood, Fl. 33021	
City/State and Zip Code	
david@thewealthplan.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	II:
David Warshaw 516	840-2175
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.

l. N	ame of the limited liability company: WEALTHPLAN	RISK M.	ANAGE	MENT LLC			
2. (a)	3389 Sheridan St.	(1	(b) 3389 Sheridan St.				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-,	Mailing address of (Note: MAY B)			•
	#473		#473				
	Hollywood, FL 33021		Holly	wood, FL 33021			
	04/15/2022		L2200	0160978			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	REGISTERED AGENT SOLUTIONS, INC.						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 155 OFFICE PLAZA DR. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			f State:			
	STE. A						
	TALLAHASSEE, FL	32301			٠٠٠ <u>٠</u> ٠٠	2022	
(b)	David Warshaw Enter name of NEW Registered Agent and/or NEW Registered	()ffig. ac	ldmace:			DEC -9	
	3389 Sheridan St.	Office ac	<u>iuress</u> .			AM 11:57	
	NEW Registered Office Address:				(<u> </u>	ဟု	
	#473				ξ.,	7	
	Hollywood, FL	33021					
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register bility co f the lin limited	ed offic ompany nited lia liability	te and the business of the confirmation of the company or a company.	office of the med that the	registe chang	ered e(s)
Cinn	ature of a member or authorized representative of a member	Dav	vid Wars	Printed or typed	name of signe		
I here provis the obto men notifie	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform I for in (iereby c	t in this ance of Chapter onfirm	canacity I further	agree to co	molv u	ith the laccept ng filed been
Signati	ure of Registered Agent						