

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Stanies Linky Hame)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
1 11 - 110							
L With							





500429326375

07.18/24--01017--004 **2..6



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations BARTLER WEALTH MANAGEMENT, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code info@legalcorpsolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

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: BARTLER WE	ALTH M	ANAGE	MENT, LLC		
2. (a)				Mailing address	of limited liability co	
		 -		<u>-</u>		
	06/16/2022		L2200	00275868		
3. 5. (a	Date of filing/registration in Florida CHARLES C BARTLER MGRM	4.		Document m	2024 MAY	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4081 BAYHEAD DRIVE #202			te:	IAY 16	3
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			P# 3:	
	BONITA SPRINGS , FL.	34	134			
	LEGALCORP SOLUTIONS, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>resa</u> :			
	3440 W Hollywood Blvd. Suite 415			_		
	NEW Registered Office Address:			_		
	Hollywood, FL	33021		_		
chang agent was/v the ar	limited liability company is not organized under the law ge 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 o ticles of organization or the operating agreement of the	registered bility con f the limit limited lis	l office ar npany, it i led liabili ibility cor	nd the busines is hereby conf ty company or mpany.	s office of the reg firmed that the ch r as otherwise pro	gistered ange(s)
Sim	nature of a member or authorized representative of a member	CA.	ALLES	Printed or byer	ed name of signes	<u>_</u>
I her provi the oi to me	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I hed in writing of this change.				-	ly with the and accept being filed as been

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

Travis Crabtree OBO LegalCorp Solutions, LLC

Signature of Registered Agent