## L220003379 C61

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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## 22 OCT 17 AH 7: 40

## COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	FLORIDA FINANCIAL ADV	ISORS, LLC			
(,(,),),		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerni	ng this matter to the	following:		
Donna '	Tucker				
	Name of Person		_		
Ameril.	ife				
	Firm/Company				
2650 M	cCormick Drive 200S				
	Address		_		
Clearwa	ater, Florida 33759				
	City/State and Zip Co	ode	_		
entity@	amerilife.com				
E	-mail address: (to be used for futur	e annual report notif	ication)		
For fur	ther information concerning this m	atter, please call:			
Donna '	Гискет	727 at (	726-0726		
	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 follo	wing 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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	401 South 12th Street	265	50 McCormick Drive 200S
	Unit 2 Tampa, FL 33602	Cl	earwater, FL 33759
	August 29, 2022	L220	000379061
	Date of tiling/registration in Florida	4.	Document number
(a)			
` ,	Registered Agent and Registered Office shown on the records	of the Florida Dep	t, of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>
	1201 HAYS STREET		
	TALLAHASSEE	32301-2525	
	TACEAGASTE	I-1	<del></del> 22 :
(b)			000
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office address	22 OCT 17
			,
	R. Nathan Hightower		
	NEW Registered Office Address:		7: 40
	2650 McComick Drive 200S	<u></u>	
	Clearwater	FL 33759	
			<del></del>
ange ent v s/w€ arti	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the company	he registered of liability compa is of the limited he limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided i
i i i	ture of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and a	igree to act in th	nis capacity. I further agree to comply with t of my duties, and I am familiar with and acc er 605, F.S. Or, if this document is being fu m that the limited liability company has been