## Florida Department of State L2300

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

رشن

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

## LLC REGISTERED AGENT CHANGE LD WEALTH INCOME MANAGEMENT FUND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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INHS18 (2/14)

## OVER LETTER

TO egistration Section Division of Corporation			
SUBJE T:SHIELD WEALTH INCOM	ME MANAGEMENT FUND, LLC		
	nited Liability Company		
D ar Sir or Madain:			
Th nelo d Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filling.		
Pl a r turn all correspondence concerning this matter	to the following:		
Marlene Calderon			
Nam of Pron	<del></del>		
InCorp Services. Inc.			
Firm/Company	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
3773 Howard Hughes Pkwy. · Suite 500S			
Addr	<del></del>		
Las Vegas, NV 89169-6014			
City/State and Zip Cod			
managedreports@incorp.com			
E-maladdr : (10 b used for future annual repor	t notification)		
For further information concerning this matter, please ea	ail:		
Marlene Calderon on behalf of InCorp Services, Inc. 80	0-246-2677		
Nam of Pron	Ar a Cod & Daytim T I phon Numb r		
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 F ling F	S55 F ling 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 us registered office or registered agent, or both, in the State of Florida.

9061 US H	łwy 19		(ի) <sup>9061 US</sup>	Hwy 19		
	cipal office address of limited hability compan ( <u>Note: MUST BE STREET ADDRESS</u> )	у	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX			
port rich	ey. FL 34668		port riche	y, FL 34668		
03/09/20	23		L2300012	24284		
D	ate of filing/registration in Florida		4,	Document number		•••••
a) PARACC	ORP INCORPORATED					
, , , , , , , , , , , , , , , , , , , ,	Agent and Registered Office shown on the reco	rds of the F	lorida D <del>e</del> pt of Stat	ac		
155 OFF	TICE PLAZA DRIVE, 1ST FLOOR					
Registered :	Office Address <u>(MUST BF, FLORIDA STR</u>	REET ADD	RESS)		202	
Tallahas	see	FL	32301	CKLJANTU, S ALLAHASSEE,	2024 JAN 26	T
nCorp S	ervices. Inc.			ASSI ASSI		m
Enter name	of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Off	ice address		P¥ <del>::</del>	
3458 La	keshore Drive			- FALSE	: 05	
NEW Regis	stered Office Address					
Tallahas	see	. FL	32312	<b></b>		
	ility company is not organized under the					he regis

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. If this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Louise Breytenbach on behalf of InCorp Services, Inc.

Signature W. Registered Agent