

6/10/24, 11:40 AM

Division of Corporations

L23000154983

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000202378 3)))



H240002023783ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: dvaltierra@financialguide.com

LLC REGISTERED AGENT CHANGE SOUTH FLORIDA MONEY MANAGERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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.

ARTICLE I - The name of the Limited Liability Company is: **SOUTH FLORIDA MONEY MANAGERS LLC**

ARTICLE II – Addresses:

a) Principal Address: **757 SE 17th STREET UNIT 384, FORT LAUDERDALE, FL 33316**

b) Mailing Address: **Same as Principal**

ARTICLE III – Date of filing/registration in Florida: **03/28/2023**

ARTICLE IV – Document number **L23000154983**

ARTICLE V – Current Registered Agent name and office address shown on the records of the Florida Department of State:

**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE, JACKSONVILLE, FL 32202**

ARTICLE VI – New Registered Agent name and office address:

**BOOKSLY, LLC
6919 SW 18th STREET STE 222
BOCA RATON, FL 33433**

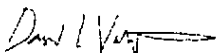
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided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

Leonardo Resende

Registered Agent (Signature)

FILED
2024 JUN 10 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



DAVID L VALTIERRA

Authorized Member

FILED
2024 JUN 10 PM 1:44
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA