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EXAMINER



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	*	
SUBJ	Name of Limited Liability Company		
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning		
	John Fearon		
	Name of Person		
	Fearon Financial		
	Firm/Company		
-	9482 Wedgewood Blvd, Suite Address	200	
<b></b>	Powell, OH 43065 City/State and Zip Code		
E	brianf@fearonfinancial.com	m notification)	
For fu	orther information concerning this matt	tter, please call:	
	Lisa Billings	at ( 614 ) 768-1262	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	ing 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 608.416 or 608.508, 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. Name of the limited liability company:	Fearon Financial, LLC
2. (a) Principal office address of limited liability compan	y: 9482 Wedgewood Blvd
(Note: MUST BE STREET ADDRESS)	Suite 200 Powell, OH 43065
(b) Mailing address of limited liability company:	3982 Powell Road  Suite 322
(Note: MAY BE POST OFFICE BOX)	Suite 322 Powell, OH 43065  M05000002316  4. Document number
4/28/2005	بن M0500002316
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	NRAI Services, Inc
Registered Office Address:	2731 Executive Park Dr, Suite 4 Weston, FL 33331
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member of authorized representative of a member	_
John A Fearon	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Signature of Registered Agent