M10000002296

• (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

200187484992

11/03/10--01038--019 **25.00

SECRETARY OF STATE ON DIVISION OF CORPORATION

Office Use Only

COVER LETTER

то		tration Section of Corpo							
SUI	BJECT: _	ACUTE	FINANCIAL	(BOOD	۲۱۲	DBA.	NAV	WEALTH	ADVISUES
			Name of	Limited L	iability	Company			
` Dea	r Sir or M	ladam:							
The	enclosed	Registered	Agent/Registered	Office Cha	ange and	d fee(s) are	submitt	ed for filing	
Plea	ise return	all correspo	ondence concernin	g this matt	er to the	following	:		
	-	JACOB 1	LODFREY						
		Nai	me of Person	· · · · ·					
	•	VAV ADI	VISORS						
		Fin	m/Company						
_	2.0n2 6	CONTINU	AY ROAD S	اما ماد					
	3000		Address	suite 106					
		,	Address						
	_								
	ORLAN		32812						
		City/Sta	ate and Zip Code						
		•	A .						
		•	VADVISORS .CO						
	E-mail addr	ess: (to be used	l for future annual repor	t notification)					
For	further in:	formation c	oncerning this ma	itter, please	call:			١	
				71					
	70	lcos 600	に の たく	· · · · ·	. To	784	-0192		
		Name of Pers		at (a Code & Day			
		Name of Fers	301i		Aice	code & Buy	inic relep	none rumber	
	STRE	ET/COURI	ER ADDRESS:		MAIL	ING ADDR	ESS:		
	Registr	ration Sectio	n			ation Section			
	Divisio	on of Corpor	ations		Divisio	n of Corpor	ations		
,		Building			P.O. Bo	ox 6327			
	2661 E	executive Ce	nter Circle		Tallaha	issee, Florid	a 32314		
	Tallaha	assee, Florid	a 32301						
	Enclos	sed is a che	eck for the follow	ing amoui	nt:				
	₩ \$25	Filing Fee	·	Г	⊤ \$55 F	iling Fee &	z Certifi	ed Conv	

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: ACUTE FINAN	CIAL GROW	الد أ	•	
2. (a) Principal office address of limited liability company:		dink-an) m		DIV
(Note: MUST BE STREET ADDRESS)	4203	KANDQA	COURT	SECR
(Most De Sineer Modifies)	ORLAND	O, FL 3	2812 S	04
(b) Mailing address of limited liability company:			8	G YE
ALAN MAY BE BOST OFFICE BOY	4203 1	KANDRA	(ພຂາ =	
(Note: MAY BE POST OFFICE BOX)	ORLANDO	-	2812	9 22
5/20/2010	m1	00000		o or
3. Date of filing/registration in Florida 4.	Document n	number		
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	Jacob	Coofin	e ý	tate:
Registered Office Address:		KANDRA		
_	OPLANT	>> fi	39812	
NEW Registered Agent: NEW Registered Office Address:	JA109.	conway		
(MUST BE FLORIDA STREET ADDRESS)	SUITE 10			
-	ORLA	NDO	,FL_	39819
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identicalliability company, it is hereby confirmed that the change(s) we of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	rida street add al. Or, in the vas/were auth	dress of the case of a I orized by a	registered Florida lim an affirmat	l office ited ive vote
JAWB GODEREY				
Printed or typed name of signee				
· · · · · · · · · · · · · · · · · · ·				
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company have	ree to act in the er and compl tion as regist ly reflect a ch as been notij	his capacit ete perfori ered agent lange in th fied in writ	y. I furthe nance of n as provide e registere ing of this	r agree to ty duties, ed for in ed office chänge.

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