

m 11000001289

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEALTHMAX FINANCIAL GROUP LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANAE R MCGANN
Name of Person

WEALTHMAX FINANCIAL GROUP LLC
Firm/Company

PO BOX 1089
Address

PROSPER TEXAS 75078
City/State and Zip Code

DANAE@WEALTHMAXFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANAE MCGANN at (469) 481-6339
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 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.

1. Name of the limited liability company: WEALTHMAX FINANCIAL GROUP LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2260 PALO DURO DR
PROSPER, TEXAS 75078

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO BOX 1089
PROSPER, TEXAS 75078

3. MARCH 09, 2011 Date of filing/registration in Florida

4. M11000001289 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JULIAN S. WEST
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

741 OAK SHADOWS RD
CELEBRATION, FL 34747

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

PRESTON D. MCGANN
NEW Registered Office Address:

1006 W SMITH STREET
DELAUDA, FL 32804

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.

Danae R McGann
Signature of a member or authorized representative of a member

DANA E R MCGANN
Printed or typed name of signee

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.

(X) [Signature]
Signature of Registered Agent

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

FILED
JUN 15 PM 3:27
TALLAHASSEE, FL