M1300000 2196

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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations	,				
SUBJE	The Jeffrey Matthews Financial Group LLC Name of Limited Liability Company					
30001						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	following:			
Maure	een Scheuermann					
	Name of Person		_			
The J	effrey Matthews Financial Group L	_LC				
	Firm/Company					
30B V	reeland Road Ste 210					
	Address		<u> </u>			
Florha	am Park NJ 07932					
	City/State and Zip Code		_			
msche	euermann@jeffreymatthews.com					
Е	-mail address: (to be used for future annu	ual report notif	fication)			
For fur	ther information concerning this matter,	please call:				
Steph	en Cucchia	973	805-6222			
	Name of Person		Area Code & Daytime Telephone Number			
Registration Section Registration of Corporations Dividing P.C.		AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	S25 Filing Fee	5 Filing Fee & Certified Copy				
INHS18	3 (2/14)					



April 24, 2019

MAUREEN SCHEUERMANN 30B VREELAND ROAD STE. 210 FLORHAM PARK, NJ 07932

SUBJECT: THE JEFFREY MATTHEWS FINANCIAL GROUP, L.L.C.

Ref. Number: M13000002196

We have received your document for THE JEFFREY MATTHEWS FINANCIAL GROUP, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent in the space provided.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00008248

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.

Name of the limited liability company: The Jeffrey Matthews Financial Group LLC						
2. (a)						
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	30B Vreeland Road Ste 210		308 Vree	eland Road Ste 210		
	Florham Park NJ 07932	-	Florham	Park NJ 07932		
	04/08/3013		M1300000			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Perry Switzer					
,	Registered Agent and Registered Office shown on the records of the 108 4th Avenue So. Safety Harbor FL 34695 Registered Office Address (MUST BE FLORIDA STREET ALL)					
				20191117-3 81		
(b)				, is		
(b)						
	PERRY Switzer			11 9: 23		
	NEW Registered Office Address:			23		
	9500 Koger Blvd. N. Ste 217			,		
	St Determine	2701)			
	St. Petersburg , FL ³		<u>. </u>			
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.						
Signs	ture of a member of authorized representative of a member		<u> </u>	Printed or typed name of signee		
I here provis the obto men notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to a erfori for in ereby				
Signati	Division of Corporations • P.O. Bo	ox 632	7• Tallahass	see, FL 32314		

FILING FEE: \$25.00