M15000	005657
(Requestor's Name) (Address) (Address)	400410028544
(City/State/Zip/Phone #)	i_[, ?=]. <b>(</b> .
(Business Entity Name) (Document Number)	TALLAHA
fied Copies Certificates of Status	JUN-7 AN 8: 45 AHASSEE, FLORIDA
	•
Office Use Only	

**TO:** Registration Section Division of Corporations

SUBJECT: Consumers Advocate Group LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francine Powel

Name of Person

Consumers Advocate Group LLC

Firm/Company

18062 Viking Way NW

Address

Poulsbo, WA 98370

City/State and Zip Code

fran@money.com

CR2E055 (9/15)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine Powel		206 at (	817-3	333
Nan	ne of Person	Area Code	& Day	time Telephone Number
Mailing Addr	<u>'888;</u>		Street A	.ddress:
Registration	n Section	Registration Section		
Division of	Corporations		Divisio	on of Corporations
P.O. Box 63	327	The Centre of Tallahassee		
Tallahassee	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303		
Enclosed is	a check for the following	amount:		
□\$25 Filing Fee	🔳 \$30 Filing Fee &	🗆 \$55 Filing	Fee &	🗆 \$60 Filing Fee,
-	Certificate of Status	Certified C	lopy	Certificate of Status &

Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## **SECTION 1 (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State:	Consumer	s Advocate	LLC	
Enter new princ	ipal office address, if applicable:			
( <u>Principal offic</u> MUST BE A ST	<u>e address</u> TREET ADDRESS)			- <b></b>
(Mailing addres	ng address, if applicable: <u>ss</u> <u>ST OFFICE BOX</u> )		N-7 AN 8: 45 ASSEE. FLORIDA	
2. The Florida d	locument number of this limited l	iability company is: <u>M15 C</u>	00005657	•
3. Jurisdiction d	of its organization:			·
4. Date authoriz	zed to do business in Florida:			
SECTION II (5	5-9 complete only the applicable	e changes)		
5. New name o	f the limited liability company: _ (m.	Money Rublit Ist contain "Linkted Liability Co	sking Group L ompany, "JL.L.C.," or "LLC."	
copy of the writ	lable, enter alternate name adopte ten consent of the managers or m imited Liability Company," "L.L	anaging members adopting the	business in Florida and attach a ilternate name. The alternate na	a ime
<ol> <li>If amending t registered agent</li> </ol>	he registered agent and/or registe and/or the new registered office	ered officer address on our recor- address here:	ds, <u>enter the name of the new</u>	
Name of New R	tegistered Agent:		<u>.</u>	
New Registered	Office Address:	Enter Florie		I
		Enter Flori	da Street Address	
	_		Florida Zip Code	
		Сіңу	Zip Coae	
Thereby accept	<u>Agent's Signature, if changing F</u> the appointment as registered ag f all statutes relative to the prope	ent and agree to act in this capa	icity. I further agree to comply v my duties, and I am familiar wit	with th

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

	8.	If the amendment	changes person,	title or capacity in	accordance with	605.0902 (1)(e), indicate	that change:
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Title/ Capacity	Name		Address		Гуре	of Action
		_				□Add
			<u>_</u>			□Remove
		_			<u> </u>	⊡Add
						□Remove
						□Add
						Remove
						□Adđ
						Remove
		_				□Add
	certificate, if required: no more t ed amendment(s), duly authentic		ys old, evidencing the e official having custody of record	ds <u>tin</u> the	20	Remove
	nder the law of which this entity	is organiz		ALLAHASSEE, FLORID	2023 JUN -7 AM 8: 45	FILED
		Filing Fe	e: \$25.00	IE IDA	£	

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I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE

#### OF

## MONEY PUBLISHING GROUP, LLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/18/2013.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/24/2023 UBI Number: 603 285 753



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

R Hohrs

Steve R. Hobbs, Secretary of State

Date Issued: 05/24/2023

X . . . . . . . .