

M 15 00000 6701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

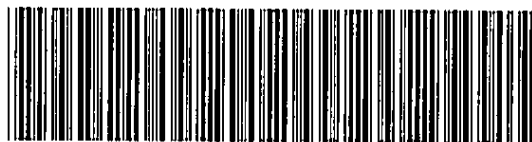
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327523871

04/15/19--01000--025 **25.00

FILED
2019 MAY -3 AM 9:22

R0/ch8

MAY - 4 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jeffrey Matthews Wealth Management 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:

Maureen Scheuermann

Name of Person

Jeffrey Matthews Wealth Management LLC

Firm/Company

30B Vreeland Road Ste 210

Address

Florham Park NJ 07932

City/State and Zip Code

mscheuermann@jeffreymatthews.com

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

For further information concerning this matter, please call:

Stephen Cucchia

973

805-6222

Name of Person

at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2019

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

SUBJECT: JEFFREY MATTHEWS WEALTH MANAGEMENT LLC
Ref. Number: M15000006701

We have received your document for JEFFREY MATTHEWS WEALTH MANAGEMENT LLC 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: 919A00008247

RECEIVED

2019 MAY -3 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Jeffrey Matthews Wealth Management LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

30B Vreeland Road Ste 210

30B Vreeland Road Ste 210

Florham Park NJ 07932

Florham Park NJ 07932

08/24/2015

M15000006701

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) Perry Switzer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

108 4th Avenue So. Safety Harbor FL 34695

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

PERRY SWITZER

NEW Registered Office Address:

9500 Koger Blvd. N. Ste 217

St. Petersburg, FL 33702

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.

Signature of a member or authorized representative of a member

JEFFREY MATTHEWS
Printed or typed name of signer

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.

Signature of Registered Agent

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