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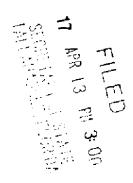
| (Requestor's Name) | | | | | |
|---|---------------------|-----------|--|--|--|
| (Address) | | | | | |
| (A | ddress) | | | | |
| (C | ity/State/Zip/Phone | · #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (0 | Dacument Number) | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|----------|--|---|---------------------------------|---------------------------------------|--|--|
| SUR IF | HUDSON FINANCIAL GRO | OUP, LLC | | | | |
| · | SUBJECT: Name of Limited Liability Company | | | | | |
| Dear Si | r or Madam: | | | | | |
| The end | closed Registered Agent/Registered Of | fice Change and | l fee(s) are submitted for fili | ng. | | |
| Please | return all correspondence concerning th | nis matter to the | following: | | | |
| Raym | ond Mejia | | | | | |
| | Name of Person | | | | | |
| HUDS | SON FINANCIAL GROUP, LLC | | | | | |
| | Firm/Company | | <u> </u> | | | |
| 4023 | KENNETT PIKE, STE 971 | | | | | |
| | Address | | <u> </u> | | | |
| GREE | ENVILLE, DE 19801 | | | | | |
| | City/State and Zip Code | | | | | |
| ray@l | nudsonfinancialgrp.com | | | -19g - | | |
| E | mail address: (to be used for future and | nual report notif | fication) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| For furt | her information concerning this matter | , please call: | | 23 E | | |
| Raym | ond Mejia | 407 at (| 529-5653 | 里口 | | |
| | Name of Person | (| Area Code & Daytime Te | elephone 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 | g amount: | | | | |
| | 2 \$25 Filing Fee | □ \$: | 55 Filing Fee & Certified Co | ору | | |

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.

| I. Na | me of the limited liability company: Hudson Finan | cial Gro | oup, LLC | |
|--|---|---|---|---|
| ٠ ^۲ . (a) | 4023 KENNETT PIKE, STE 971 | (b) 4023 KENNETT PIKE, STE 971 | | |
| ((a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | GREENVILLE, DE 19801 | _ | GREENV | /ILLE, DE 19801 |
| 3. | 04/06/2016 Date of filing/registration in Florida | | M1600000 | 02866 Document number |
| 5. (a) | Mejia, Raymond | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the 185 SW 7TH STREET Registered Office Address (MUST BE FLORIDA STREET A SUITE 3609 | | | |
| | Miami .FL | 33130 | | |
| (b) | Mejia, Raymond Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | T AR 13 P | | |
| | NEW Registered Office Address: | | 20 D | |
| | 68 SE 6th St. Ste. 1902 | | | |
| | Miami, FL_ | 33131 | | 00 |
| the cha agent w was/we | imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regis bility con f the limi limited li | tered office mpany, it is ted liability ability comp | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| Signa | ure of a member of authorized representative of a member | Ray | | ia, Officer Printed or typed name of signee |
| I herel provisi the obl to mere notified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in the proper and complete provided by reflect a change in the registered office address, I have the proper address of this change. | ee to act performa I for in C eereby co | in this capa | city I further agree to comply with the |

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