Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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 To:			2503 2703 2707
	Division of Cor	rporations	
	Fax Number	: (850)617-6383	
From:			<u> </u>
	Account Name	: REGISTERED AGENT SOLUTIONS INC	いっ いつ <b>T</b> ロカ <b>オ</b>
	Account Number	: 120100000062	int.
	Phone	: (888)705-7274	. 'O' C
	Fax Number	: (888)706-7274	ى ≲∹.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

rmail.	Address:			
			_	

## LLC REGISTERED AGENT CHANGE WORTH CORPORATE PLANNING, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Help

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WORTH CORPORATE PLANNING, 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:

<del></del>
<del></del>
kwy, Ste 400
888 705-7274  I ()  Area Code & Daytime Telephone Number
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
ount:
S55 Filing Fee & Certified Copy

15129570210

## 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. Na	ame of the limited liability company: WORTH	I CORPORATE PL	ANNING, LLC
2. (a)	One North Clematis Street	<sub>(b)</sub> One North C	lematis Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>_</del>	of limited liability company:  ME POST OF FICE BOX;
	Suite 305	Suite 305	E COST OFFICE BOX
	West Palm Beach, FL 3340	West Palm Be	each, FL 33401
	7/29/2019	M190000072	62
3.	Date of filing/registration in Florida	4. Document nu	mber
5. (a)	Blumbergexcelsior Corporate S	Services, Inc.	
(,	Registered Agent and Registered Office shown on the records of a 155 Office Plaza Drive  Registered Office Address (MUST BE FLORIDA STREET - 1st Floor		2022 DEC
	Tallahassee	32301	-8 1488
(b)	Registered Agent Solutions, Enter name of NEW Registered Agent and/or NEW Registered	<del></del>	PM 5: 35 OF STATE SEE, FL
	155 Office Plaza Dr.  NEW Registered Office Address: Suite A	a Onice aggress	tri Ci
	Tallahassee	32301	
If the li	imited liability company is not organized under the lay	we of the State of Florida, it is here	shy confirmed that after

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.

## /s/ PETER J. WORTH

PETER J. WORTH Authorized Person

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

Mackenzie Hart, Asst Secretary