

M200000008584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

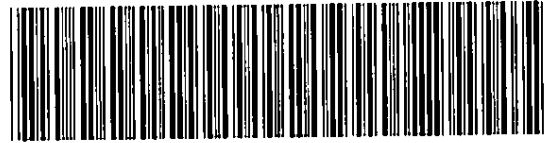
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500408990285

500408990285  
05/30/23--01008--005 \*\*25.00

RECEIVED

FILED

2023 MAY 30 PM 04

2023 05 30 PM 12:37

ALLAHASSEE, FLORIDA

OFFICE OF STATE  
CLERK, TAMPA, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

\$25

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** GLINDA 5/30/23

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC AMEND \_\_\_\_\_

1. INSTURMENTAL WEALTH, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

---

---

---

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INSTRUMENTAL WEALTH, 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:

DAVID SILVER

Name of Person

INSTRUMENTAL WEALTH

Firm/Company

1 N DALE MABRY HWY STE 1000

Address

TAMPA, FL 33609

City/State and Zip Code

DAVID.SILVER@INSTRUMENTALWEALTH.COM

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

For further information concerning this matter, please call:

DAVID SILVER

Name of Person

at ( 813 ) 578-7002

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

**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: INSTRUMENTAL WEALTH, LLC

2. (a) 1 N. DALE MABRY HWY STE 1000  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

TAMPA, FL 33609

10/01/2020

M20000008584

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

5. (a) GLOBAL VIRTUAL AGENT SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5702 TANAGERLAKE ROAD  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

LITHIA, FL 33547

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

CORPORATE ACCESS, INC.

NEW Registered Office Address:  
236 E. 6TH AVE

TALLAHASSEE, FL 32303

FILED  
 2020 OCT 30 PM 12:37  
 DEPT. OF STATE  
 TALLAHASSEE, FL

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]  
Signature of a member or authorized representative of a member

DAVID SILVER  
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]  
Signature of Registered Agent