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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SLAND AND STATE



COVER LETTER

Division of Corporations	
SUBJECT: King Wealth Management Group, LLC	
Name of Foreign Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are so	abmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Sally King	
Name of Person	
King Wealth Management Group, LLC	
Firm/Company	
6585 Nicholas Blvd. #1401	2023
Address	2023 HAR
Naples, FL 34108	22
City/State and Zip Code	PM 4: 00
sally.king@kwmglic.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	se call:
Sally King at (518 428-6876
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	
	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

¿change:in;mailing:address:only

SECTION I (1-4 must be completed)

Name of limited liability Company as it appea State: Delaware	ars on the records of the Florida Department of			
Enter new principal office address, if applicable:				
(<u>Principal office address</u> MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	King Wealth Management Group, LLC			
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)	6585 Nicholas Blvd. #1401			
	Naples, FL 34108			
2. The Florida document number of this limited li	ن الله الله الله الله الله الله الله الل			
3. Jurisdiction of its organization:				
4. Date authorized to do business in Florida: 12/	70172020			
SECTION II (5-9 complete only the applicable	e changes)			
 New name of the limited liability company: (mu 	ust contain "Limited Liability Company, " "L.L.C.," or "L.E.")			
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate nameC." or "LLC.")			
6. If amending the registered agent and/or registered agent and/or the new registered office:	ered officer address on our records, enter the name of the new address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida Street Address			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing R	Kegistered Agent:			

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.

change:in:mailing:address:only.p

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Ту	pe of Action			
				_ □Add			
				_ □Remov			
			alat .	_ □Add			
				_ □Remov			
			 .	□Add			
				_ □Remov			
				_ □Add			
				_ □Remov			
				_ □Add			
American de la constitución de l	Casta if manipuls no than 00	days ald avidencing the		_ □Remov			
aforementioned ar	the law of which this entity is orga	y the official having custody of reconnized.	ds in the	1 - (2023 HAR			
	Signature of	the authorized representative	٠	22			
	Sally King	nted name of signee	STAI	PH 4: 0			

Filing Fee: \$25.00