Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ä

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-B107

Fax Number : (561)214-8442

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

Email Address:

LLC REGISTERED AGENT CHANGE DOYLE WEALTH PLANNING, LLC

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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: DOYLE WEALTH	LC			
2.	(a)	333 3RD AVE. N, #300, ST. PETERSBURG, FL 33701		(b)	333 3RD A	VE.N. #300, ST. PETERSBURG, FL33701
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(~)		ailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
2		12/16/2020	-	-	M200000116	
3.		Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Ţ	Document number
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		PLANTATION, FL_	3332	 4 		
	(b)	(b) United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registerer			ress:	
		801 US Highway I				
		NEW Registered Office Address:				
		North Palm Beach , PL	33408	3		
ch ag ws	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egist ility the l	ered con limit	l office and many, it is l ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
'	A Th		Ariana Turoski, A		· · · · · · · · · · · · · · · · · · ·	<u> </u>
I in prototo to no	hered ovisi obl mere tified	by accept the appointment as registered agent and agree on a of all statutes relative to the proper and complete per ignitions of my position as registered agent as provided ply reflect a change in the registered office address, I he I in writing of this change. By: Atiana Turoski, Special Secretary are of Registered Agent	e to a erfor for û ereby	act i mar n Cl r con		Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been