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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

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LLC REGISTERED AGENT CHANGE STRATEGIC WEALTH INVESTMENT GROUP, LLC

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K. Brumbley

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| submi | ont to the provisions of sections 60: is the following statement in order | 5.0114 or 605.0116 r to change its reg | Florida Statutes, Isterad office or | the widersigned limited registered agent, or hol | liability company h, in the State of |
|-------------------------------------|---|---|--|--|---|
| Florid 1. Na | ia. me of the Limited Liability Company | | WEALTH INV | ESTMENT GROUP | , LLC |
| 2 (a) | 500 N HURSTBOURNE PK | WY STE 120 | <i>(</i> ы 500 N | HURSTBOURNE P | KWY STE 120 |
| ¥. (u) | Principal office address of limited (Note: MUST BE STRUE) | liability company: | | Mailing address of limited li CVPIC: MATRIEPOST O | shility company: |
| | LOUISVILLE, KY 40222 | | LOUIS | VILLE, KY 40222 | |
| | 12/13/2022 | | M2200 | 00018579 | |
| 3. | Date of filing/registration | in Florida | 4. | Document number | |
| 5 (a) | NORTHWEST REGISTER | ED AGENT LLC | | | |
| J. (a) | Registered Agent and Registered Office st | | | nto: | |
| | 7901 4 ST N STE 300 | | | | |
| | Registered Office Address (ATUST B) | KLORIDA STRKÆT A | DDREAS | | 2023 AFIR |
| | | <u> </u> | 2222 | | |
| | STPETERSBURG | , FL | 33702 | _ | · 2 |
| a.v | Capitol Corporate Services, | Inc | | | 35 |
| (0) | Enter name of NEW Resorted Agent at | | Office address: | | P :: |
| | | | | | |
| | 515 East Park Avenue 2nd | FI | | | 5: ١ |
| | NEW Registered Office Address: | | | | • • |
| | | | | | |
| | Tallahassee | Fl. | 32301 | - | |
| the cha agent i was/w | limited liability company is not organize or changes are made, the Floriswill be identical. Or, in the case of ere authorized by an affirmative volidies of degration or the operation | do street address of a Florida limited in to of the members of | the registered of the bility company, it feel that the limited liability co | oc and the business office is hereby confirmed that ity company or as otherwing. | o of the change(s) |
| Clene | ture of a marrier or authorized representati | va of a member | Robert | L. Brown Printed or typed name of s | gnes |
| I here provis to ob- to mer notifis | by occept the appointment as registions of all statutes relative in the proliferation of my position, as register eligations of my position as registers ely reflect a change in the registers d in writing of this change. | ered agent and agree oper and complete of agent as provided a affice address, is | te to act in this ca performance of m I far in Chapter of traby confirm tha | | |
| _3 | - Indati | Brian R | adecki, Assista | ant Secretary on | |
| Signati | ure of Registered Agent | behalf o | of Capitol Corp | orate Services, Inc. | |
| | Division of Co | rporations• P.O. B FILING FI | | issec, FL 32314 | |
| INHS18 (2 | V14) | (((H230001 | 58174 3))) | | |