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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF TALLAHASSEE, III

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FUTURE Plan FINANCIAL TNC. Name of Corporation
DOCUMENT NUMBER: NALOOOO 30 29
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Carey Name of Contact Person Future Plan Financial Inc. Firm/Company Al 30 Cedarwiod Orive Address Melbourne, FL 32935 City/State and Zip Code Menarey There and a granil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Carey at (351) 795-5370 Name of Contact Person at (351) 795-5370 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Future Plan Financial INC.
2. The principal office address: 2130 Cedarwood Orive
Melbourne, FL 32935
3. The mailing address (if different):
4. Date of incorporation/qualification: Tuly 8, 2012 Document number: N22000000
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Keith G. Heinly (He resigned)
2500 Woodlake ORIVE SE Apt 202
Palm Bay FL 32905
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael Carey
2130 Celarword Orive
Michael Carey 2130 Celarword Orive P.O. Box NOT acceptable Melbourne FL 32935
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so; authorized by the board, or the corporation has been notified in writing of the change.
John E. Krehbiel, Chairman of Printed or typed name and title the Bound
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signifier of Registered Agent Date
If signing on behalf of an entity:
a signing on venus of an entry.
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)