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COVER LETTER

Division of Corporations		
SUBJECT: Blatal Wealth Advisors, Anc (Name of Corporation)		
DOCUMENT NUMBER: P00000001622		
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:		
Richard L. Surape		
(Name of Contact Person)		
Decibal Wealth Advisors Inc. (Firm/Company)		
P. D. BOV 111480 (Address)		
(Address)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (239) 659-3225 (Area Code & Daytime Telephone Number)		
(Med Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State		

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 of 1000 control in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DIDDAL WLACTH Advisors Anc
2. The principal office address: 8955 FONTARA DEC SOL Way
<u> </u>
3. The mailing address (if different): P. D. BOX 111480
Naples, FL 34108
4. Date of incorporation/qualification: 13400 Document number: P6006007633
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
William J. O'Connar
_ 8955 FONTANA DEL SOL WALTES
Naples, Fl 34109
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RICHARD SWAPE 5
8955 Fontana Der 30L Way (P.O. BOX NOT acceptable)
Naples, Fl 34109
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.
(Signature of an officer or director) (Signature of an officer or director) (Printed or typed name and title)
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.
Signature of Registered Agent) (Signature of Registered Agent)
If signing on behalf of an entity:
RICHARD L. SWOPE (Typed or Printed Name)
t typest of Pinico (Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *