P00000115016

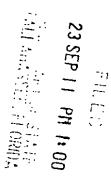
(Re	questor's Name)	
(Adi	dress)	
(, 13.	2.000,	
(Add	dress)	
		
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
		· - · <u>· · ·</u>
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	J. HORI	NE
	OCT - 4	2023

Office Use Only



600415204246

09/11/23--01012--005 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	IECT: SF&P Advisors, Inc. of Corporation		
DOC	UMENT NUMBER: P00000115016		
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
Grace	Silberstein		
Name	of Contact Person		
SF&P	Advisors, Inc.		
Firm/(Company		
1800 }	N. Miliatry Trail, Suite 170		
Addre	SS		
Boca l	Raton, FL 33431		
City/S	State and Zip Code		
	Grace@sfpadvisors.com		
E-ma	il address: (to be used for future annual	report notification)	
For fu	arther information concerning this matter, p	please call:	
Grace	Silberstein	21 (954)557-2146	
	Name of Contact Person	at (954)557-2146 Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the		
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Stop on organized under the laws of the State of Θ or registered agent, or both, in the State of Flor	orida		
1. The name of	the corporation: SF&P Advisors,	Inc.			
2. The principal office address: 1800 N. Military Trail, Suite 170, Boca Raton, FL 33431					
4. Date of incor	poration/qualification: 12/12/2000	Document number: P00000115	016		
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with resigned)	n the		
	4800 N. Federal Highway				
	Suite B304				
	Boca Raton, FL 33431				
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	ce		
	1800 N. Military Trail		23		
	Suite 170		SEP P		
		P.O. Box NOT acceptable			
	Boca Raton, FL 33431				
The street addr as changed will	ess of its registered office and the be identical.	ne street address of the business office of its	megistered agent,		
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so		
Let 1	<u> </u>	Fred P. Silberstein, CEO			
•	re of an officer or director	Printed or typed name and title			
I further agree of my duties, ar document is be	to comply with the provisions of ad I am familiar with and accept	agent and agree to act in this capacity. fall statutes relative to the proper and comp t the obligation of my position as registered age in the registered office address, I hereby change.	olete performance agent. Or, if this confirm that the		
Than (A)		September 6, 2023			
CUE \$15	mature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
<u></u>	yped or Printed 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 * * *