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	Chu Numban	porations	
	Fax Number	: (850)617-6380	•
rom:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: I2010000062	
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	
Enter t	the email addrest	s for this business entity to be used for future	

Email Address:

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REGISTERED AGENT CHANGE

UNIVERSAL FINANCIAL CONSULTANTS, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$35.00	

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COVER LETTER

TO: Amendment Section Division of Corporations

Universal Financial Consultants, Inc.

SUBJECT: VIIIN Name of Corporation

DOCUMENT NUMBER: S37991

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:

Mary Castillo

Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	د م
Address	
Austin, Texas 78735	•
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
	••
For further information concerning this matter, please call:	
Mary Castillo	
Name of Contact Person Area Code & Daytime Telep	hone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

	The name of the corporation: Universal Financial Consultants, Inc.					
2. The principal	l office address: JUO I TATUOT VIE	W LANC LO	argo, r E 00770			
-	address (if different):		· · · · · · · · · · · · · · · · · · ·			
4. Date of incor	poration/qualification: 3/11/1991	Document	number: <u>S37991</u>			
	d street address of the current registered ap rtment of State: (If resigned, enter resigne MUNNO, VINCENT		ed office on file with the			
	308 HARBOR VIEW LANE					
	LARGO	FL	33770	~:		
6. The name an (if changed):	d street address of the new registered agen	at (if changed) an	d /or registered office	:		
	Registered Agent Solutions, Inc.					
	2894 Remington Green Ln. Ste. A					
	Tallahassee Fl	NOT acceptable 323()8	:		

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.

Bruce Donaldson /s/

Signature of an officer or director

Bruce Donaldson, President
Printed or typed name and title

Date

08/03/2023

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

If signing on behalf of an entity:

Mackenzie Hibler, Assistant Secretary

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

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