# Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALLY ANNE KING

28 TOMPION LN.

Electronic Signature of Registered Agent

City-State-Zip: SARATOGA SPRINGS NY 12866

QUINN, JANE

KING, LAWRENCE

NAPLES FL 34108

6585 NICHOLAS BLVD.

Certificate of Status Desired: No

AP

KING, SALLY

APT 1401

6585 NICHOLAS BLVD.

NAPLES FL 34108

DOCUMENT# M20000010918

Entity Name: KING WEALTH MANAGEMENT GROUP, LLC

### **Current Principal Place of Business:**

270 WEST CIRCULAR ST, SUITE 1 SARATOGA SPRINGS. NY 12866

#### **Current Mailing Address:**

6585 NICHOLAS BLVD #1401 NAPLES. FL 34108 US

#### FEI Number: 45-4447447

SIGNATURE:

Title

Title

Name

Name

Address

City-State-Zip:

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DR., 1ST FLOOR TALLAHASSEE, FL 32301 US

Authorized Person(s) Detail :

MBR

AP

APT 1401



Title

Name

Address

City-State-Zip:

01/10/2024

COMPTROLLER

Electronic Signature of Signing Authorized Person(s) Detail

Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Date

FILED Jan 10, 2024 Secretary of State 5515603713CC