

B06000000207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR 22 2010

EXAMINER

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10 APR 21 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 25, 2010

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Oxford Insurance Services Limited**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in black ink, appearing to read 'C. Massoud', written in a cursive style.

Christina Massoud

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oxford Insurance Services Limited
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000207

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leana Guzman
Contact Person
Registered Agent Solutions, Inc.
Firm/Company
515 Congress Avenue Suite 2300
Address
Austin, Tx 78701
City/State and Zip Code
lguzman@rasl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leana Guzman at (888) 705-3979
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2010

CHRISTINA MASSOUD
820 GESSNER
HOUSTON, TX 77024

SUBJECT: OXFORD INSURANCE SERVICES LIMITED
Ref. Number: B06000000207

We have received your document for OXFORD INSURANCE SERVICES LIMITED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a , but your entity is a . Please complete and return the enclosed blank form(s).

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 310A00005841



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

OXFORD INSURANCE SERVICES LIMITED
% REGISTERED AGENT SOLUTIONS INC.
155 OFFICE PLAZA DRIVE, STE. A
TALLAHASSEE, FL 32301

SUBJECT: OXFORD INSURANCE SERVICES LIMITED
Ref. Number: B06000000207

We have received your document for OXFORD INSURANCE SERVICES LIMITED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):
The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 910A00007239

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 910A00007239

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Oxford Insurance Services Limited
Name of Limited Partnership or Limited Liability Limited Partnership.
2. 5/12/2006
Date of filing/registration in Florida
3. B06000000207
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Registered Agent Solutions, Inc.
Name
155 Office Plaza Dr., Suite A
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

W. F. Galtney, Jr.
Signature of General Partner
William F. Galtney, Jr. - General Partner

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 obligations of my position as registered agent.

Sean Prewitt
Signature of Registered Agent
Asst. Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
10 APR 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA