

LO8000028223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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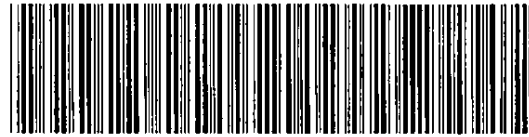
(Business Entity Name)

(Document Number)

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S. WARREN

JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anderson Musical Instrument Insurance Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Andrew Hart

Name of Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip Code

anderson@3hcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Hart

at (518) 583-0639 x116

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Anderson Musical Instrument Insurance Solutions, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1570 Lakeview Drive, Suite 2A 1570 Lakeview Drive, Suite 2A
Sebring, FL 33870-7959 Sebring, FL 33870-7959

3. 03/18/2008 4. L08000028223
Date of filing registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

William J. Nielander, Esq.

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

172 E. Interlake Blvd.

Lake Placid FL 33852

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address

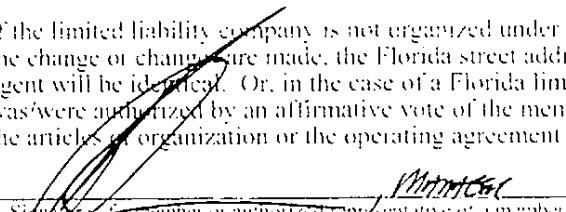
3H Agent Services, Inc.

NEW Registered Office Address:

1415 Panther Lane, Suite 327

Naples FL 34109

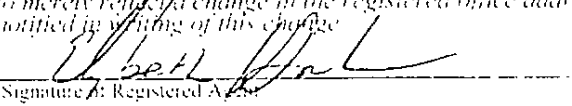
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____
Signature of a member or authorized representative of a member

Peter T. Anderson

Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 _____
Signature of Registered Agent

Elizabeth Harker, President of
3H Agent Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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