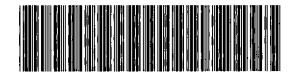
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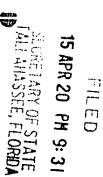
(I	Requestor's Name)			
(Address)				
(/	Address)			
(1	City/State/Zip/Phone #)			
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions to Filing Officer:				
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I. LEMIEUX

COVER LETTER

	FO: Registration Section Division of Corporations			
SUBJEC"	Florida Home/Auto Agency,	LLC		
SUBJEC	Name of Limited Liability Company			
Dear Sir o	r Madam:			
The enclo	sed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning thi	s matter to t	he following:	
Barbara	Phillips			
	Name of Person			
Florida I	Health Agency, LLC			
	Firm/Company			
1001 E	Sample Road Suite 9E			
	Address			
Pompan	o Beach, FL 33064			
	City/State and Zip Code			
	.phillips@floridahealthagency.co			
E-m	ail address: (to be used for future ann	ual report no	otification)	
For furthe	er information concerning this matter,	please call:		
Barbara	Phillips	954 at (205-2001	
	Name of Person		Area Code & Daytime Telephone Number	
R D C 20	egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	nclosed is a check for the following	amount:	the second second	
	\$25 Filing Fee	•	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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 Homel Hute Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: 3. g/registration in Florida Document number William B Kohn 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2516 NE 34th Court Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Lighthouse Point 33064 Barbara Phillips Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 1001 E Sample Road 33064 Pompano Beach 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 a 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. a member or authorized representative of a member Printed or typed name of signee 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 to himself in the registered office address, I hereby confirm that the limited liability company has been notified by writing of this change.

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of R

stered Agent