## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE BEECHER CARLSON INSURANCE AGENCY, LLC

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JUL 2 3 2013

## **COVER LETTER**

	stration Section tion of Corporations			
UBJECT:	BEECHER CARLSON INSURANCE	CE AGENCY, LLC		
	Name of Limited Liability Company			
Dear Sir or N	⁄/adam:			
he enclosed	d Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
lease return	all correspondence concerning	this matter to the following:		
	Name of Person			
	Name of Person			
	Firm/Company			
	Address			
	City/State and Zip Code			
	dress: (to be used for future annual report			
	•			
For further i	nformation concerning this mat	ter, please call:		
		at ( )		
	Name of Person	Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:		
	stration Section	Registration Section		
	sion of Corporations	Division of Corporations P.O. Box 6327		
	on Building  Executive Center Circle	Tallahassee, Florida 32314		
	hassee, Florida 32301			
Encl	losed is a check for the follow	ng amount:		
<b>□</b> \$2	25 Filing Fcc	\$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 608.416 or 608.508, 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. Na	me of the limited liability company: BEECHER CAR	LSON INSURANCE AGENCY, LLC		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	SIX CONCOURSE PKWY SUITE 2300 ATLANTA, GA 30328		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SIX CONCOURSE PKWY SUITE ATLANTA, GA 30328	2300	
10/12/2	2005	M05000005757		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:	0
	Registered Agent:	NRAI SERVICES, INC.	<u> </u>	SIVI
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	F 23	RETARY OF
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	AH 7:2	F SIATE
	NEW Registered Agent:	C T Corporation System	ڡٙ	- 35
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
	Medical Indiana,	Plantation	,FL <u>33324</u>	
confir and the liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the I e business office of the registered agent will be identy company, it is hereby confirmed that the change(sembers of the limited liability company or as otherw erating agreement of the limited liability company.  When the company of the limited liability company.	Florida street address of the registical. Or, in the case of a Florid was/were authorized by an aff	stered offi la limited irmative v	ote of
	Bolden or typed name of signee	_		
By:	eby accept the appointment as registered agent and y with the provisions of all statutes relative to the plan familiar with and accept the obligations of my pler 648, F.S. Or, if this document is being filed to meass, Wereby confirm that the limited liability compands	agree to act in this capacity. I f roper and complete performanc osition as registered agent as pi erely reflect a change in the reg ny has been notified in writing o	urther agr of my du ovided foi istered off f this char	ree lo ilies, r in lice ige.
Signati Sama	are of Registered Addnt ntha Jones, Asst. Secretary, C T Corporation System Division of Corporations, P.O. Box 6 FILING FEE:			

INHS18 (05/08)