

Florida Department of State
Division of Corporations
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M1400004331

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**LLC REGISTERED AGENT CHANGE
CROSS POINTE INSURANCE ADVISORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help

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: CROSS POINTE INSURANCE ADVISORS, LLC

2. (a) 1120 GARRISON AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
FORT SMITH, AR 72901

(b) P.O. BOX 1747
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
FORT SMITH, AR 72902

3. 06/17/2014
Date of filing/registration in Florida

4. M14000004331
Document number

5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
PLANTATION, FL 33324

(b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

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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.

Marja Souza Signature of member or authorized representative of a member
Marja Souza, Attorney-in-Fact 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.

Marja Souza Signature of Registered Agent
Marja Souza, Special Secretary

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