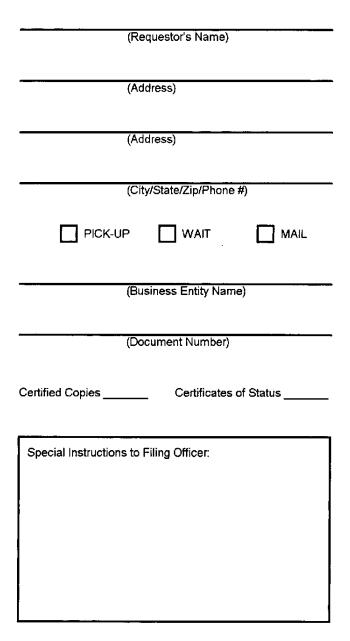
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Office Use Only



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TALLAHASSEE FLORID

B. BOSTICK

SEP 2 8 2011

EXAMINER



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

September 21, 2011

1.

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Weston Insurance Management, LLC

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above Weston Insurance Management, LLC.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$25.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea

National Registered Agents, Inc.

Enclosure - Check

11 SEP 26 AM IO: 25

COVER LETTER

_	n of Corporations				
SUBJECT:	WESTON IN	ISURA	NCE MANA	GEMENT, LL	C
			d Liability Com		
Dear Sir or Ma	dam:				
The seed and D	lanistanad Ament/Danistan	d Office	Change and for	(a) and authoristed	for filing
i ne enclosed k	Registered Agent/Registere	a Office	Change and lee	(s) are submitted	tor minig.
Please return al	Il correspondence concern	ng this n	natter to the follo	owing:	
	Wendy Rea				
	Name of Person	, <u></u>			
Na	tional Registered Agent	s,Inc.			
	Firm/Company				-
11	600 College Blvd, Suite	210			
	Address				I SEP 26
					ingri di i
	Overland Park, KS 662	10			AN 10: 25 SEE, FLORID
	City/State and Zip Code		*******		四。 百
					SE :2
	info@orei.com				Emi s
E-mail address	info@nrai.com : (to be used for future annual repo	rt notificati	on)		12
For further info	rmation concerning this m	atter, ple	ase call:		
	Wendy Rea	at (800)	550-6724	,
N	lame of Person	_ `	Area Code	& Daytime Telephone	Number
етогга	COMPLED ADDRESS.		MAIL TNC A	DDDECC.	
STREET/COURIER ADDRESS: MAILING ADI Registration Section Registration Sec					
			Division of C		
Clifton B			P.O. Box 632		
	cutive Center Circle		Tallahassee, 1		
Tallahass	ee, Florida 32301		,		
Enclosed	d is a check for the follow	ing amo	ount:		
√ \$25 F	iling Fee		\$55 Filing 1	Fee & Certified C	Сору

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.

3 ,				
1. Name of the limited liability company: WESTON	INSURANCE MANAGEMENT, LL	<u> </u>		
2. (a) Principal office address of limited liability compan	ny: 3150 SW 38TH AVENUE	<u>:</u> _		
(Note: MUST BE STREET ADDRESS)	10 th floor			
	MIAMI FL 33146	_		
(b) Mailing address of limited liability company:	P.O. BOX 33-1322			
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33233-137	<u> </u>		
07/15/2011	L11000081624			
3. Date 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:			
Registered Agent:	THE LAW OFFICES OF NICK SPRAD	H		
Registered Office Address:	12000 NORTH DALE MABRY HWY SUITE 110	_		
	TAMPA FL 33618			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:			
NEW Registered Agent:	NRAI Services, Inc.	_		
NEW Registered Office Address:	515 East Park Avenue			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301	_		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Michael Lons Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to metadaress, I hereby confirm that the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.	Company of the state of the sta		
NRAI Services. Inc. Wendy Rea. Assistant Secretary Signature of Registered Agents	y nas been notified in writing of this change. Y			