

L11000081624 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 28 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

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

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TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTON INSURANCE MANAGEMENT, 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:

Wendy Rea

Name of Person

National Registered Agents, Inc.

Firm/Company

11600 College Blvd, Suite 210

Address

Overland Park, KS 66210

City/State and Zip Code

info@nrai.com

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

For further information concerning this matter, please call:

Wendy Rea

Name of Person

at ( 800 )

550-6724

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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. Name of the limited liability company: WESTON INSURANCE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 3150 SW 38<sup>TH</sup> AVENUE

(Note: MUST BE STREET ADDRESS)

10<sup>TH</sup> floor  
MIAMI, FL 33146

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. Box 33-1322  
MIAMI, FL 33233-1322

07/15/2011

3. Date of filing/registration in Florida

L11000081624

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 SPRADY

Registered Office Address:

12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA FL 33618

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

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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

MICHAEL LYONS

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 608, 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.*

by:

Signature of Registered Agent

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

**FILING FEE: \$25.00**