

F10000000815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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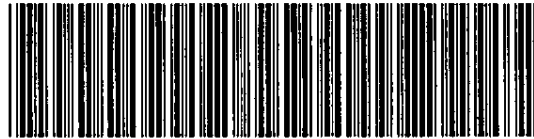
(Business Entity Name)

(Document Number)

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FID-815
stmt of chg RA/RO

02/22/16--01005--002 **25.00

03/30/16--01005--005 **10.00

FILED
16 MAR 30 AM 10:47
CLERK OF STATE
TAMM SEPT. 1900104

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2016

NICOLAS SIHA
LEGALINC CORPORATE SERVICES INC.
17350 STATE HIGHWAY 249
HOUSTON, TX 77064

SUBJECT: TURNER & ASSOCIATES INSURANCE, INC.
Ref. Number: F10000000815

We have received your document for TURNER & ASSOCIATES INSURANCE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Form submitted for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 516A00004080

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TURNER & ASSOCIATES INSURANCE, INC.
Name of Corporation

DOCUMENT NUMBER: F10000000815

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

NICOLAS SIHA

Name of Contact Person
LEGALINC CORPORATE SERVICES INC.

Firm/Company
17350 STATE HIGHWAY 249

Address
HOUSTON, TX 77064

City/State and Zip Code
SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA **713** **478.1040**
Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TURNER & ASSOCIATES INSURANCE, INC.
2. The principal office address: ONE SAINT ANDREWS COURT, SUITE 101
BRUNSWICK, GA 31520
3. The mailing address (if different): PO BOX 40
BRUNSWICK, GA 31521
4. Date of incorporation/qualification: 01/09/2002 Document number: F10000000815
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
USA-RA LLC
841 PRUDENTIAL DR 12TH FLR
JACKSONVILLE, FL 32207
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS, SUITE 400
FORT MYERS, FL 33907

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mich Siha
Signature of an officer or director

NICOLAS SIHA

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mich Siha
Signature of Registered Agent

3/16/16
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***