

221782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

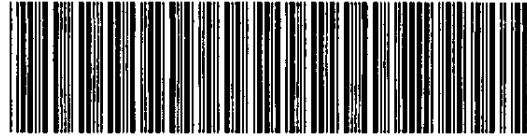
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 18 2013

EXAMINER

AMY J. GALLOWAY, P.A.

Victoria Park Centre
1401 East Broward Boulevard
Suite 206
Fort Lauderdale, FL 33301
Tel. 954.315.4887
Fax 954.762.2554
amyjgalloway@gmail.com

September 4, 2013

Division of Corporations
Registration/Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Registered Agent/Registered Office Change of Address

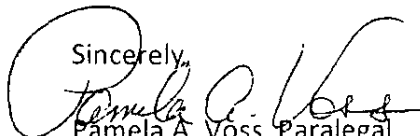
Dear Sir/Madam:

Enclosed herewith you will find Check No. 005384, in the amount of \$25.00 payable to The Department of State, Division of Corporations, along with a Change of Address cover letter form for 1st Street Agency, LLC.

You will also find enclosed Check No. 005378, in the amount of \$290.00 payable to the Department of State, and Change of Address cover letter forms for the following:

- 1) BIPT, INC.
- 2) MacNeill Group, Inc.
- 3) Focus Insurance Corp.
- 4) The Focus Foundation, Inc.
- 5) Focus Finance, LLC
- 6) Focus Claim Managers, LLC
- 7) Focus Holdings, LLC
- 8) Focus Insurance Services, LLC
- 9) Focus Technologies, LLC
- 10) Focus Real Estate Development, LLC

Please do not hesitate to contact our office if you have any questions or comments.
Thank you.

Sincerely,

Pamela A. Voss, Paralegal
to Amy J. Galloway, P.A.

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MACNEILL GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: 221782

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:

AMY J. GALLOWAY

Name of Contact Person

AMY J. GALLOWAY, P.A.

Firm/Company

1401 East Broward Blvd., Suite 206

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

amyjgalloway@gmail.com

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

For further information concerning this matter, please call:

Amy J. Galloway

Name of Contact Person

at (954) 315-4887

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: MACNEILL GROUP, INC.
2. The principal office address: 1300 Sawgrass Corporate Parkway, Suite 300, Sunrise, FLK 33323
3. The mailing address (if different): Post Office Box 45-9003, Sunrise, FL 33345-9003
4. Date of incorporation/qualification: 03/25/1959 Document number: 221782
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)

Amy J. Galloway

110 SE 6th Street, Suite 1500

Fort Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Amy J. Galloway

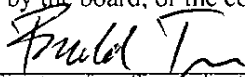
1401 East Broward Blvd., Suite 206

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

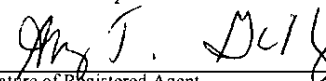
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Ronald Terzer
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.


Signature of Registered Agent

9-3-13
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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