

BO8 000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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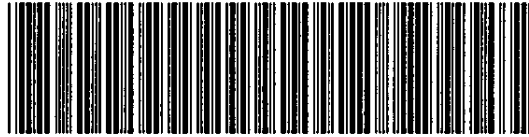
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2016
I. HARRIS



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.rather-lopez@cscglobal.com

Date: February 18, 2016

Order#: 965608-020

Re: MCFARLIN INSURANCE AGENCY LLP

Enclosed please find:

XX Change of Registered Agent and Office.
XX Corrected Form - Please Re-submit.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Marissa Rather-lopez
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2016

MARISSA RATHER-LOPEZ
CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

SUBJECT: MCFARLIN INSURANCE AGENCY, LLP
Ref. Number: B08000000237

We have received your document for MCFARLIN INSURANCE AGENCY, LLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLP, but your entity is a FOREIGN LP. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00002934

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MCFARLIN INSURANCE AGENCY, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/21/2008
Date of filing/registration in Florida

3. B08000000237
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

Dona Priebe, Vice President on behalf of Dwight Crone, its General Partner

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.

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent Grace E. Kirby, Assistant Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50