

B14 000000198

Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

2023 JAN 20 AM 11:27

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 20 2023

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
BRYAN INSURANCE AGENCY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JAN 23 2023

A. LUNT

**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. BRYAN INSURANCE AGENCY, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/25/2014

Date of filing/registration in Florida

3. B14000000198

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:

Corporate Creations Network Inc.

Name

801 US Highway 1

Florida street address (P.O. Box not acceptable)

North Palm Beach FL 33408

City, State and Zip

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

/s/ Tiffany Meeker

NDT MANAGEMENT & PUBLIC RELATIONS, INC-General Partner

By: Tiffany Meeker, Special Secretary

Signature of 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.*

/s/ Tiffany Meeker

Tiffany Meeker, Special Secretary

Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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CLERK OF COURT  
STATE OF FLORIDA