

F17000000 2546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

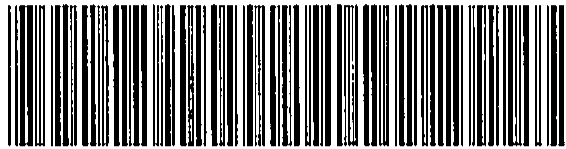
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2021

HEATHER ZUCKERMAN
THE LIBERTY COMPANY INSURANCE BROKERS, I
5955 DE SOTO AVE. #250
WOODLAND HILLS, CA 91367

SUBJECT: THE LIBERTY COMPANY INSURANCE BROKERS, INC.
Ref. Number: F17000002546

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00002270

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Liberty Company Insurance Brokers, Inc.
Name of Corporation

DOCUMENT NUMBER: F17000002546

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:

Heather Zuckerman

Name of Contact Person

The Liberty Company Insurance Brokers, Inc.

Firm/Company

5955 De Soto Ave. #250

Address

Woodland Hills, CA 91367

City/State and Zip Code

operations@libertycompany.com

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

For further information concerning this matter, please call:

Heather Zuckerman

Name of Contact Person

at (818)

224-6111

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

• • **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 CA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Liberty Company Insurance Brokers, Inc.
2. The principal office address: 5955 De Soto Ave. #250
Woodland Hills, CA 91367
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/11/2003 6/5/2017 Document number: F17000002546
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)

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

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

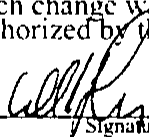
Thomas Wallace Moody
725 Progresso Dr.
Fort Lauderdale, FL 33304

P.O. Box NOT acceptable

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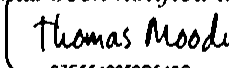
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

William J. Johnson, Principal
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.


07E55409590548C..
Signature of Registered Agent

12/4/2020
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 (04/13)