

F17 0000002546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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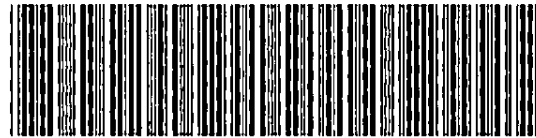
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2021 JAN 26 PM 1:56

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3/12/21

## 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 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: 06/05/2017 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.

P.O. Box NOT acceptable

Fort Lauderdale, FL 33304

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 2021 JAN 26 PM 4: 56  
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 TALLAHASSEE, FL

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.*

Thomas Moody

97E55409580548C

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)