

L00000002535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

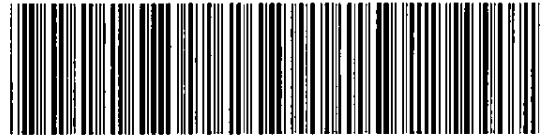
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. DENNIS  
11/21/24

Office Use Only



000438041940

FILED

2024 NOV 21 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 21 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: NSI INSURANCE GROUP, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

5875 NW 163 ST STE 207

MIAMI LAKES, FL 33014

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5875 NW 163 ST STE 207

MIAMI LAKES, FL 33014

3. Date of filing/registration in Florida 4. Document number

03/06/2000

L00000002535

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
McCue, James C.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5875 NW 163 ST STE 207

MIAMI LAKES, FL 33014

(b) Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED  
2024 NOV 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 09000

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Kimberly Anderson

Kimberly Anderson, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President