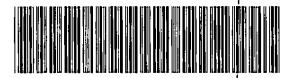
## 00000009054

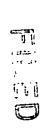
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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R. WHITE APR 13 2019

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations							
CUD IFCT.	TEAM FOCUS INSURANCE GROUP, L.L.C.  Name of Limited Liability Company							
SUBJECT:								
Dear Sir or N	Madam:							
The enclosed	l Registered Agent/Registered Off	ice Change and f	ce(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the fo	ollowing:					
Steven C.	Elkin							
	Name of Person		_					
Frank Wei	nberg Black							
<del>-</del>	Firm/Company		_					
7805 S.W.	6th Court							
	Address		_					
Plantation,	, FL 33324							
	City/State and Zip Code		_					
selkin@fw	blaw.net							
E-mail	address: (to be used for future ann	ual report notific	cation)					
For further in	nformation concerning this matter,	please call:						
Steven C.	Elkin	954 at (	474-8000					
	Name of Person		Area Code & Daytime Telephone Numbe					
Registration SectionRegDivision of CorporationsDivision Building			ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314					
Encl	losed is a check for the following	amount:						
☑ \$2	25 Filing Fee	<b>\(\sigma\)</b> \$55	5 Filing Fee & Certified Copy					
INHS18 (2/14	()							

## 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. Na	une of the limited liability company: Team Focus	Insuran	ice Group,	, L.L.C.		
2. (a)	1300 Sawgrass Corporate Parkway	(t	1300 Sa	awgrass Corpo	-kway	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Suite 300		Suite 30	0		
	Sunrise, FL 33323		Sunrise,	FL 33323	·	<u> </u>
	07/31/2000		L0000000	09054		
3.	Date of filing/registration in Florida	4.	-	Document numb	oer	
5. (a)	Amy J. Galloway					
(,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept, of State	c:		
	3020 N.E. 32 Avenue			_		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 226			7019-14		
	Ft. Lauderdale, Fl	33308		_	1	00
(b)	Steven C. Elkin			_	9 ( 197)	p) 1 3: 05
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	<u>idress</u> :		 17712)	0.0
	Frank Weinberg Black				₹#°}	01
	NEW Registered Office Address:			_		
	7805 S.W. 6th Court			_		
	Plantation , F	L_33324	4	<u></u>		
the cha agent v was/we the arti Signat I herei provisi the obl	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members cles of organization or the operating agreement of the work of a member of authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change!	of the regisability confidence limited	istered offic ompany, it is nited liability liability cor O27	te and the busines is hereby confirm ty company or as mpany.  Printed or typed no pacify: I further to	ss office oned that the otherwise	fithe registered e change(s) e provided in

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Signature of Registered Agent