

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

G. MCLEOD
FEB - 2 2012
EXAMINER



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Sign

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COVER LETTER

TO:	Registration Section
	Division of Corporations

	nac Marine Insurance LLC			
Name of	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Terry L. James				
Name of Person				
Firm/Company				
1920 Alegue Lakes Plyd	•			
1830 Alaqua Lakes Blvd	<u> </u>			
Addivis				
Longwood FI 32779				
City/State and Zip Code				
tiomas52@live.com				
tjames52@live.com E-mail address: (to be used for future annual report	notification)			
- ····· · · · · · · · · · · · · · · · ·				
For further information concerning this ma	tter, please call:			
_	·			
+	407 5000			
Terry James	at (407) 497-5289			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
purioses is a effect for the following amount.				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

ugeni, or boin, in the State of Florida.				
Name of the limited liability company: Me	rrimac Marine Insurance, LLC			
2. (a) Principal office address of limited liability compar	y: 1855 W SR 434			
(Note: MUST BE STREET ADDRESS)	Longwood, FL 32750			
(b) Mailing address of limited liability company:	1830 Alaqua Lakes Blvd			
(Note: MAY BE POST OFFICE BOX)	Longwood, FI 32779			
	Longwood, F1 3271 9			
January 24, 2012	L02000016326			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	NATIONAL CORPORATE RESEARCH			
Registered Office Address:	155 OFFICE PLAZA DRIVE			
	TALLAHASSEE FL 32301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address Terry L James 1830 Alaqua Lakes Blvd			
(MUST BE FLORIDA STREET ADDRESS)	Longwood FL 32779			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida it is hereby lorida street address of the registered office			
Signature of a member				
Terry L James Primed or typed manie of signice	_			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my particle to the planter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparations	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			
Signature of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)