03000035690

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TALLAHASSEE, FLORIDA

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Taylor & Wainid A Name of Limited L	Insurance & Financial Service Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Dail A. Taylor Name of Person	·
Firm/Company	<u></u>
2450 OLD MOULTRIE RD Address	, STE, 201
ST. AUGUSTINE FL 3208 City/State and Zip Code	<u> 36</u>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:
Dail A. Taylor at (a)	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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.

1. Name of the limited liability company: Taylor & W	unio Insurance & Financial Services, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	2450 old Moultrie Rd, Ste. 201 St. Augustint, EL 32086
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2450 old Moultrie Rd., Ste. 201 3t. Augustine, RL 32086
9-16-2003	403000035690
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Dail A. Taylor
Registered Office Address:	320 High Tide Or. 5te, 201 5t, Augustine, FL 32080
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	N/A-SAME
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2450 OH Moultrie Rd Ste, 201, ST. Augustine ,FL 32086
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability 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. Signature of a member of authorized representative of a member DAIL A. TAYLOR Printed or typed name of signee I hereby accept the appointment as registered agent and	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. AFFIRE PROPERTY OF THE PROPERT
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability companions of Registered Agent Signature of Registered Agent Machine Printed agent Companions of Registered Agen	agree to act in this capacity—Lighting agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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