

LD4 000014458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

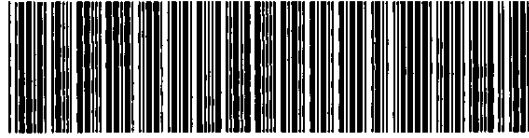
(Business Entity Name)

(Document Number)

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10 SEP 13 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 14 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DARCO INSURANCE SERVICES, 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 this matter to the following:

DARLA HALL

Name of Person

DARCO INSURANCE SERVICES, LLC

Firm/Company

4095 STATE ROAD 7, SUITE L222

Address

WELLINGTON, FL 33449

City/State and Zip Code

darla@darcoinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARLA HALL

Name of Person

at ( 954 )

815-3339

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 amount:**

☒ \$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: DARCO INSURANCE SERVICES, LLC

2. (a) Principal office address of limited liability company: 4095 STATE ROAD 7

☐ (Note: **MUST BE STREET ADDRESS**) SUITE 1222  
WELLINGTON, FL 33449

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**) SAME AS ABOVE

3. Date of filing/registration in Florida 02-23-2004 4. Document number L04000014458

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent: DARLA HALL, MGMR

Registered Office Address: 4400 W SAMPLE ROAD  
STE 112  
COCONUT CREEK, FL 33073

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

**NEW** Registered Agent: DARLA HALL, MGMR

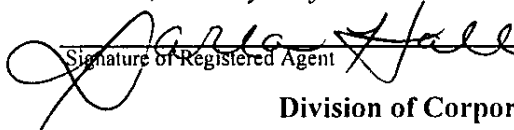
**NEW** Registered Office Address: 4095 STATE ROAD 7, SUITE 1222  
**(MUST BE FLORIDA STREET ADDRESS)** WELLINGTON, FL 33449

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.

  
Signature of a member or authorized representative of a member

DARLA HALL  
Printed or typed name of signer

*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 608, 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.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00