L040000 84198

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R. WHITE JAN 29 2023

COVER LETTÉR

TO: Amendment Section Division of Corporations

Subject: Security First Insurance Holdings, LLC

Name of Corporation

DOCUMENT NUMBER: L04000084198

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles J. Grimsley, Esq.

Name of Contact Person

Security First Managers, LLC

Firm/Company

1001 Broadway Avenue

Address

Ormond Beach, Florida 32174

City/State and Zip Code

cgrimsley@securityfirstflorida.com

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

For further information concerning this matter, please call:

Charles J. Grimsley, Esq.

,386 <u>,</u>868

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

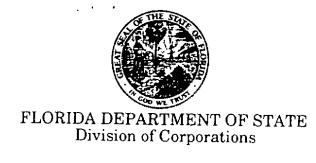
Street Address:

Amendment Section
Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



December 14, 2019

CHARLES J. GRIMSLEY, ESQ 1001 BROADWAY AVE ORMOND BEACH, FL 32174

SUBJECT: SECURITY FIRST INSURANCE HOLDINGS, LLC

Ref. Number: L04000084198

We have received your document for SECURITY FIRST INSURANCE HOLDINGS, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00025433

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

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.

Name of the limited lia	ibility company: SECURITY	FIRST INSU	RANCE HOLDINGS.	14C
	BROAD WAY AVE.	(b)	1 - 11 0 -	A
Principal office	address of limited liability company: <u>UST BE STREET ADDRESS</u>)		Mailing address of limited lia (Note: MAY BE POST OF	
_ OR MON	DBEACH, FL. 32174	_ <u>_</u>	MOND BEACH, FI	.32/74
			 	
Novembei	P / 9, 2004 ng/registration in Florida		54000 84198	
3. Date of fili	ng/registration in Florida	4.	Document number	
5. (a) MELISC	IA BIDEVRIESE			
Registered Agent and R	egistered Office shown on the records of	the Florida Dept. of	State:	
140 9	ATLANTIC AVE.			13.63 13.63
Registered Office Add	1) =:40	<u>ADDRESS)</u>		() ()
SOIT	5 400	<u> </u>		
OR MON	b BEACH .FI	32176	<u>, </u>	ස
	0 N 1/-			
(b) MEh	GGA B. VE VRIESE			≅
Enter name of <u>NEW R</u>	egistered Agent and/or NEW Registered	d Office address:		57
1001	BROADWAY ALE	· · · · · · · · · · · · · · · · · · ·		
<u>NEW</u> Registered Offic	e Address:			
<u>ORMO</u>	ND BEACH .FI	32174	<u>, </u>	
change or changes are mad agent will be identical. Or was/were authorized by an	pany is not organized under the late, the Florida street address of the in the case of a Florida limited literative vote of the members or the operating agreement of the	e registered office ability company, of the limited liab limited liability	and the business office of the ishereby confirmed that oblity company or as otherw company.	the registered the change(s) ise provided in
11/12-2		WA	LLACE BURT Printed or typed name of sig	217040
	orized representative of a member			
I hereby accept the appour provisions of all statutes re the obligations of my posit to merely reflect a change notified in writing of this c	itment as registered agent and ag clative to the proper and complete ion as registered agent as provide in the registered office address, I havge.	ree to act in this of a performance of a differ in Chapter hereby confirm to	apacity. Truriner agree to my duties, and I am familian 605, F.S. Or, if this documnat the limited liability comp	r with and accept ent is being filed pany has been

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

Signature of Registered Agent