

LO40000 84198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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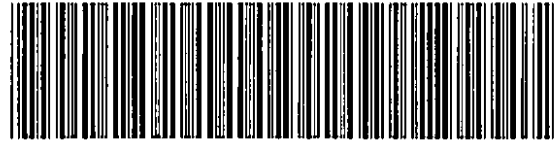
(Business Entity Name)

(Document Number)

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R. WHITE  
JAN 29 2020

**COVER LETTER**

**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. at ( 386 ) 868-1174  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 819A00025433

**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. Name of the limited liability company: SECURITY FIRST INSURANCE HOLDINGS, LLC

2. (a) 1001 BROADWAY AVE. (b) 1001 BROADWAY AVE.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ORMOND BEACH, FL. 32174 ORMOND BEACH, FL. 32174

3. NOVEMBER 19, 2004 4. L04000084198  
 Date of filing/registration in Florida Document number

5. (a) MELISSA B. DEVRIESE  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

140 S. ATLANTIC AVE.  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 400  
ORMOND BEACH, FL. 32176

(b) MELISSA B. DEVRIESE  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1001 BROADWAY AVE.  
NEW Registered Office Address:  
ORMOND BEACH, FL. 32174

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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]  
 Signature of a member or authorized representative of a member

WALLACE L. BURT  
 Printed or typed name of signee

*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 605, 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]  
 Signature of Registered Agent