(Requestor's Name)	
(Address) (Address)	500266231375
(City/State/Zip/Phone #)	11/24/1401010023 **25.00
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## **COVER LETTER**

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TOS **Registration Section Division of Corporations** 

## Fortress Insurance Partners, LLC SUBJECT:

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:

**Caron Abbott** 

Name of Person

Fortress Insurance Partners, LLC

Firm/Company

561 Maitland Avenue

Address

Altamonte Springs, FL 32701

City/State and Zip Code

## caron@fortress-partners.com

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

For further information concerning this matter, please call:

Caron Abbott	407 261-2340		
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:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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:	Fortress	Insurance	Partners, LL	.C

Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> ) Altamonte Springs, FL 32701	_ (		land Avenue lailing address of limited liab (Note: MAY BE POST OF		• •
Altamonte Springs, FL 32701	-				
	-	Altamonte Springs, FL 32701			
/23/2005		L0500009	5990		
Date of filing/registration in Florida	4.	]	Document number		
aron Abbott					
gistered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State:			
16 Lake Orienta Drive					
egistered Office Address (MUST BE FLORIDA STREET AL	DDRES	5)			
					5
Altamonte Springs	32701			4 8	DIVISE
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ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ad	dress:		PR	
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FW Registered Office Address		, <u>, .</u>		34	UF STATE RPORATIONS
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New Smyrna Beach, FL_3	82169				
	Date of filing/registration in Florida aron Abbott gistered Agent and Registered Office shown on the records of th 16 Lake Orienta Drive egistered Office Address (MUST BE FLORIDA STREET AL Altamonte Springs , FL ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address</u> : 00 N. Peninsula Avenue	Date of filing/registration in Florida       4.         aron Abbott       gistered Agent and Registered Office shown on the records of the Florid         16 Lake Orienta Drive       .         egistered Office Address       (MUST BE FLORIDA STREET ADDRESS)         altamonte Springs       .         https://docs.org/linearchice.com/solution/prince/address       .         ter name of NEW Registered Agent and/or NEW Registered Office address:       .         60 N. Peninsula Avenue       .	Date of filing/registration in Florida       4.         aron Abbott       gistered Agent and Registered Office shown on the records of the Florida Dept. of State:         16 Lake Orienta Drive	Date of filing/registration in Florida       4.       Document number         aron Abbott       gistered Agent and Registered Office shown on the records of the Florida Dept. of State:       16 Lake Orienta Drive         bgistered Office Address       (MUST BE FLORIDA STREET ADDRESS)         ultamonte Springs       , FL_32701         ter name of NEW Registered Agent and/or NEW Registered Office address:         EW Registered Office Address:         00 N. Peninsula Avenue	Date of filing/registration in Florida 4. Document number   aron Abbott gistered Agent and Registered Office shown on the records of the Florida Dept. of State:   16 Lake Orienta Drive   agistered Office Address   (MUST BE FLORIDA STREET ADDRESS)   attamonte Springs   attamonte Springs   attamonte Springs   biter name of NEW Registered Agent and/or NEW Registered Office address:   EW Registered Office Address:   00 N. Peninsula Avenue

Signature of a member or authorized representative of a member

Printed or typed name of signee

Caron Abbott

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.

aron lotat

Signature of Registered Agent

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