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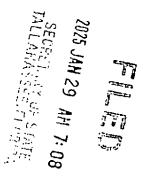
(Requestor's Name)	—			
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COVER LETTER

Division of Corporations	
Pinnacle Insurance & Financial Services, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Angie Hoffman	
Name of Person	
Pinnacle Insurance & Financial Services, LLC	
Firm/Company	
12724 Gran Bay Parkway, Suite 150	
Address	
Jacksonville, FL 32258	
City/State and Zip Code	
angie.hoffman@pinnacleIFS.com	
E-mail address: (to be used for future annual repor-	t notification)
For further information concerning this matter, please ca	all:
	4 423-8566
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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 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.

I. Na	ame of the limited liability company: Pinnacle Insurance	e & Financial S	ervices, LLC
2. (a)	12724 Gran Bay Parkway. Ste 150, Jacksonville, FL 358	(b) Sam	e
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/17/2010	L0700	00110368
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Fisher, Tousey Leas & Ball, P.A.		
	Registered Agent and Registered Office shown on the records of	of State:	
	12724 Gran Bay Parkway, Lakeside 1, Suite 150, Jacksovi	7A. 20	
	Registered Office Address (MUST BE FLORIDA STREET)	SECRELLANASS	
	Same		
	, FL		[T] - 4
(b)	Angie Hoffman	AH 7:08	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	12724 Gran Bay Parkway		
	NEW Registered Office Address:		
	Ste 150		
	Jacksonville FL	FL 32258	
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered offi bility compan If the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	urry . Ludwick turn of a pember or authorized representative of a member		Printed or typed name of signee
l here provisi the obl to mer potifie	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to act in thi performance of I for in Chapte pereby confirm	s canacity. I further agree to comply with the
A	ngie Hoffman Nof Registere Agent		
Signatu	ine of Registateti/Agent		