## L07000115486

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	·
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 3 0 2011

**EXAMINER** 

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: FLN	MIC Real Property, LLC
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Carol Coady	
Name of Person	
Florida Lawyers Mutual Insurance	2 Company
	SECRETARY OF STATE SECRETARY OF SECRET
541 E. Mitchell Hammock F	Road Em G
Address	SS SS
	ero 😕
Oviedo, Florida 32765	T.O. 03
City/State and Zip Code	
carolc@flmic.com	
Carolc@flmic.com E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this ma	atter, please call:
Carol Coady	at ( ) 800-633-6458
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 follow	ing 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.

Name of the limited liability company:	FLMIC Real Property, LLC	
2. (a) Principal office address of limited liability comp	pany: 541 E. Mitchell Hammock Road	
(Note: MUST BE STREET ADDRESS)	Oviedo, Florida 32765	
(b) Mailing address of limited liability company:	541 E. Mitchell Hammock Road	
(Note: MAY BE POST OFFICE BOX)	Oviedo, FL 32765	
11/15/2007	L07000115486 <del>L07000115413</del>	
3. Date of filing/registration in Florida	4. Document number Corrected 10/26/11, mem	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	Carol P. Coady	
Registered Office Address:	3504 Lake Lynda Drive Orlando, FL 32817	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office address:  541 E. Mitchell Hammock Road  Oviedo ,FL32765	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he laws of the State of Florida, it is hereby c Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization	
William E. Loucks Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

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

Signature of Registered Agent