

LOT000122 920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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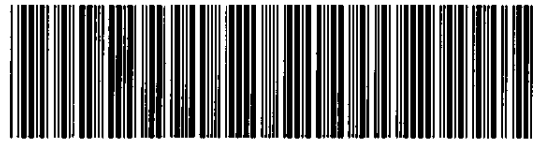
(Business Entity Name)

(Document Number)

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10/25/10--01041--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 25 PM 1:07

FILED

J. SAULSBERRY  
EXAMINER

OCT 26 2010

**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.

1. Name of the limited liability company: Franklin Street Insurance Services, LLC

2. (a) Principal office address of limited liability company: 550 N. Westshore Blvd.

☐ (Note: **MUST BE STREET ADDRESS**)

Suite 750  
Tampa, FL 33609

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

Same as above

12/11/2007

3. Date of filing/registration in Florida

L07000122920

4. Document number

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

Registered Agent:

Andrew Wright PA

Registered Office Address:

5420 Bay Center Dr.  
Suite 100  
Tampa, FL 33609

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

550 N. Westshore Blvd  
Suite 750  
Tampa, FL 33609

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.

Mandy Force  
Signature of a member or authorized representative of a member

Mandy Force  
Printed or typed name of signer

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 608, 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2010 OCT 25  
TALLAHASSEE  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Franklin Street Insurance Services, LLC  
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:

Mandy Force  
Name of Person

Franklin Street  
Firm/Company

500 N. Westshore Blvd. Suite 750  
Address

Tampa, FL 33609  
City/State and Zip Code

mforce@fsfp.com  
E-mail address: (to be used for future annual report notification)

FILED  
2010 OCT 25 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mandy Force at ( 813 ) 658-3357  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy