

LO8000025391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

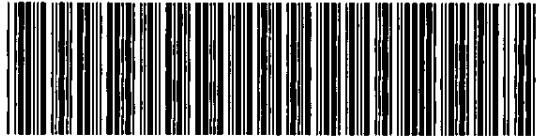
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200140299282

01/12/09--01041--001 \*\*25.00

FILED  
09 JAN 12 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 13 2009

**Sebastian Insurance, LLC**

1013 US Highway 1  
Sebastian, FL 32958

January 5, 2009

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find our Articles of Amendment for "Address Change," updated FEI Number as well as our \$25.00 filing fee for Sebastian Insurance, LLC. The contact person pertaining to this matter is:

William Kriener  
3001 Ocean Drive, Suite 201  
Vero Beach, FL 32963

772-234-3506

Please send us a letter of acknowledgment after the amendment has been filed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Pryor', with a stylized flourish at the end.

Amy Pryor  
Agency Manager

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sebastian Insurance, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Pryor

(Name of Person)

Sebastian Insurance, LLC

(Firm/Company)

1013 US Highway 1

(Address)

Sebastian, FL 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Pryor

(Name of Person)

at 772-589-1110

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
09 JAN 12 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Sebastian Insurance, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2008 and assigned  
Florida document number L08000025391.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1013 US Highway 1  
Sebastian, FL 32958

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1013 US Highway 1  
Sebastian, FL 32958

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

William E. Kriener

New Registered Office Address:

3001 Ocean Drive, Ste. 201

(Enter Florida street address)

Vero Beach

(City)

Florida

32963

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

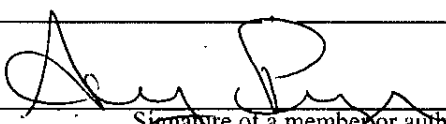
MGRM = Managing Member

Title	Name	Address	Type of Action
mgrm	William Krueger	3001 Ocean Dr. Ste. 201 Vero Beach, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	Gary Frazier	3001 Ocean Dr. Ste. 201 Vero Beach, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEI number to 32-0240467

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Amy Pryor

Typed or printed name of signee

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TALLAHASSEE FLORIDA