## L08000038878

(Requestor's Name)		
(Address)		
(Address)		
(Audress)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(D		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE OF CORPORATIONS

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T. HAMPTON

APR - 3 2009

EXAMINER

## **COVER LETTER**

Division of Corporations			
SUBJECT: Above Board Insurance, 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:			
Marcia L. Clanton			
(Name of Person)	·		
Above Board Insurance, LLC			
(Firm/Company)			
3980 Tampa Road, Suite 101-A (Address)	<del>,</del>		
(Addiess)			
Oldsmar, FL 34677 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Marcia L. Clanton	t ( 813 ) 852-2784		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
<b>☑</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

## 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: Above Boa	rd Insurance, LLC		
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 3980 Tampa Road, Suite 101-A Oldsmar, FL 34677		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3980 Tampa Road, Suite 101-A Oldsmar, FL 34677		
04/17/2008  3. Date of filing/registration in Florida	L08000038878 4. Document number		
5. (a) Registered Agent and Registered Office shown or	•		
Registered Agent:	Marcia L. Clanton		
Registered Office Address:	3980 Tampa Road, Suite 101-A Oldsmar, FL 34677		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:  500-6			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3980 Tampa Road, Suite 101-A		
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.  (Signature of a member or authorized representative of a member)  Marcia L. Clanton  (Printed or typed name of signee)  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 auties, 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 luming I tability company has been notified in writing of this change.  Signature of Registered Reent)  Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)