L08000041010

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COVER LETTER

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Division of Cor			
SUBJECT: Progr	am Underwriters,	LLC	
			bility Company
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered Office Cl	hange and fe	ee(s) are submitted for filing.
Please return all corresp	ondence concerning this mat	tter to the fo	llowing:
Arnold Zisse	lman		
	Name of Person		
Program Unde	rwriters		
	Firm/Company	- 1	-
10051 NW 1st	Court		
	Address		-
Plantation,	FL 33324		
	y/State and Zip Code		-
azisselman@pro	gramunderwriters.	.com	_
E-mail address: (to	o be used for future annual re	eport notifica	ation)
For further information	concerning this matter, pleas	se call:	
Arnold Zisselm	an at	954	796-4830
Name o	of Person		Area Code & Daytime Telephone Number
	RIER ADDRESS:		LING ADDRESS:
Registration Se		Registration Section	
Division of Cor		Division of Corporations	
Clifton Building 2661 Executive		P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Flo		Tana	nassee, Florida 32314
Enclosed is a c	heck for the following amou	unt:	
□ \$25 Filing Fe	ee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/14)			

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.

1.	Na	me of the limited liability company: Program	Underw	writers, LLC
2.	(a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		10051 NW 1st Court		10051 NW 1st Court
		Plantation, FL 33324		Plantation, FL 33324
		4/23/2008		L08000041010
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Arnold Zisselman		
	` '	Registered Agent and Registered Office shown on the records of	of the Florida	a Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	27
2766 University Drive				
		Coral Springs ,F	33065	5
		, 1	<u> </u>	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		DEC - AHAA
		Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	Idress:
		NEW Registered Office Address:	•	
		10051 NW 1st Court		
		Plantation , F	_{FL} 33324	4
the ag with I price	e cha ent v as/we e arti signa here ovisi e obl	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the flower of a member or authorized representative of a member by accept the appointment as registered agent and accept of all statutes relative to the proper and completing of my position as registered agent as providely perfect a change in the registered office address, do in writing of this change.	of the regis liability co s of the limited limited limited limited limited limited limited for cartie performaded for in C I hereby co	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Onna M. Buto Printed or typed name of signee It in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
•		Division of Corporations • P.O FILING	. Box 6327 FEE: \$25.	