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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

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FILED
2009 AUG 17 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 18 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Direct to Con			rance Se		
	, value of		. Black	ny compan	-,	
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (Change	and fee(s)	are submitted fo	or filing.
Please	e return all correspondence concerning	g this m	atter to	the follow	ing:	
	Duian N. Winhalta					
	Brian N. Winholtz Name of Person			-		
(Direct to Consumer Insurance Sen	vices, L	LC			2009 AUG 17 AM 10: SECRETARY OF STA
	Firm/Company			_		ES E
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	P.O. Box 1060					SSI A
	Address			_		元 子
						FL ST
						经元
	Indian Rocks Beach, FL 337	785				<i>⊙</i> (1)
	City/State and Zip Code					
E	dtcgroupholdings@gmail.cc	om notification	on)	_		
For fu	urther information concerning this mat	ter, ple	ase call	:		
	Brian N. Winholtz	at (727)	596-6324	
	Name of Person	_ ` `_		Area Code &	Daytime Telephone N	Number
	CTREET/COURIED ADDRESS.		3.4	II INC AD	ADDECC.	
	STREET/COURIER ADDRESS: Registration Section			AILING AD gistration Se		
	Division of Corporations			ision of Co		
	Clifton Building). Box 6327	Porunons	
	2661 Executive Center Circle			lahassee, Flo	orida 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	ing am	ount:			
	✓ \$25 Filing Fee		☐ \$:	55 Filing Fo	ee & Certified C	lopy

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:	onsumer Insurance Services, LLC			
2. (a) Principal office address of limited liability company	: 19803 Gulf Blvd. #402			
(Note: MUST BE STREET ADDRESS)	Indian Shores, FL 33785			
(b) Mailing address of limited liability company:	P.O. Box 1060			
(Note: MAY BE POST OFFICE BOX)	Indian Rocks Beach, FL 33785			
	L08000090数5 量 有 4. Document number 量品			
3. Date of filing/registration in Florida	4. Document number 异常 号			
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dear of State:			
Registered Agent:	Faith E. Meiste			
Registered Office Address:	19803 Gulf Blvd. #402 Findian Shores, FL 33785			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Brian N. Winholtz 19803 Gulf Blvd. #402			
(MUST BE FLORIDA STREET ADDRESS)	Indian Shores ,FL33785			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	was/were authorized by an affirmative vote wise provided in the articles of organization			
Brian N. Winholtz Printed or typed name of signee	<u>.</u>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			
Signature of Registered Agent	·			

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