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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dlundy@lundyclarkinsurance.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 14 AM 8:28

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LLC REGISTERED AGENT CHANGE
LUNDY & CLARK INSURANCE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lundy & Clark Insurance Group, 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:

Amy J. Galloway, Esq.

Name of Person

Tripp Scott, P. A.

Firm/Company

110 SE 6th Street, 15th Floor

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

dlundy@lundyclarkinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Walls, Paralegal

Name of Person

at (954)

627-3829

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

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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: Lundy & Clark Insurance Group, LLC

2. (a) Principal office address of limited liability company: 1100 Lee Wagener Blvd.

(Note: **MUST BE STREET ADDRESS**)

Suite 206
Fort Lauderdale, FL 33315

(b) Mailing address of limited liability company:

1100 Lee Wagener Blvd.

(Note: **MAY BE POST OFFICE BOX**)

Suite 206
Fort Lauderdale, FL 33315

09/23/08

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Richard J. Fidei

Registered Office Address:

c/o Colodny, Fass, et al.
100 SE 3rd Avenue, 23rd Floor
Fort Lauderdale, FL 33394

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

NEW Registered Agent:

Amy J. Galloway, Esq.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

c/o Tripp Scott, P. A.
110 SE 6th St., 15th Floor
Fort Lauderdale, FL 33301

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

Daniel A. Lundy, Manager/Member

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 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 of Registered Agent

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

2012 DEC 14 AM 8:28

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TALLAHASSEE, FLORIDA