

L09000048607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

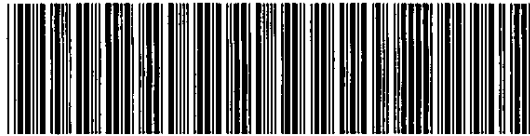
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 22 AM 11:38

T. HAMPTON

JUN 23 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change of Address Insurance Specialty Services  
Name of Limited Liability Company LLC

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:

Lisa Perry

Name of Person

Insurance Specialty Services LLC

Firm/Company

1060 Kane Concourse #3

Address

Bay Harbor Islands, FL 33139

City/State and Zip Code

1SGHealth@yahoo.com

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

For further information concerning this matter, please call:

LISA PERRY

Name of Person

at ( 305 ) 785-3260

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

**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: Insurance Specialty Services, LLC
2. (a) Principal office address of limited liability company: 1000 Kane Concourse  
☐ (Note: **MUST BE STREET ADDRESS**) Bay Harbor Islands FL 33134
- (b) Mailing address of limited liability company: Same -  
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: MAY 15, 09
4. Document number: EIN? - 30-0559510 209-48607

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

Registered Agent:

Lisa Perry

Registered Office Address:

ONE FISHER ISLAND DR  
- 2034  
- FISHER ISLAND, FL 33139 -

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

325 S. Biscayne Blvd #2815  
MIAMI  
MIAMI, FL 33131

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.

Michael H. Hosh  
Signature of a member or authorized representative of a member

Michael Hosh  
Printed or typed name of signer

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 688, 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.)

Lisa Perry  
Signature of Registered Agent

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

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS