

L09000066856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

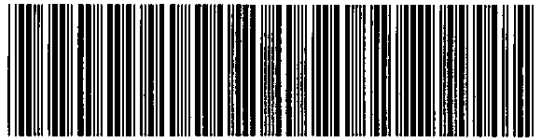
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700160236767

09/14/09--01057--001 \*\*25.00

B. KOHR

SEP 17 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 14 AM 10:04



### Corporate Filing Transmittal Form

To: Florida  
Order #: COA-9078

From: Patty Boverie  
Date: September 4, 2009

Target Name	Dom Juris
Lipscomb & Pitts Insurance, LLC	DE

Attached for filing, please find the following:

#### Change of Registered Agent

Please return the original evidence to the following:

Patty Boverie  
National Corporate Services, Inc.  
2 Club Centre Court, Suite 5  
Edwardsville, IL 62025

Special Instructions/Notes:

--

FILED  
STATE  
SECRETARY OF CORPORATIONS  
09 SEP 14 AM 10:04

Please Send Via:

<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:	<input type="checkbox"/> FedEx	<input checked="" type="checkbox"/> Mail
---------------------------------	-------------------------------	--------------------------------	--

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!



**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. The name of the limited liability company is: Lipscomb & Pitts Insurance, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

2670 Union Avenue Extended, Suite 200, Memphis, TN 38112-4434

07/10/09

L09000066856

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

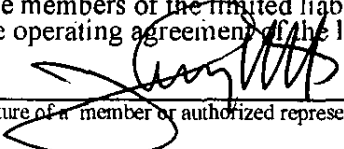
Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State and Zip

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)

Johnny R Pitts

(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)

Sean L. Emerick, Asst. Secretary

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

**FILING FEE: \$25.00**

FILED STATE  
SECRETARY OF CORPORATIONS  
09 SEP 16 AM 10:04