

L09000073040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

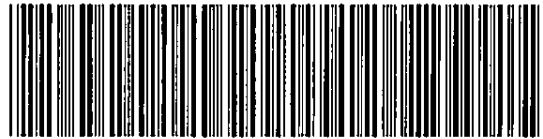
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2024 APR -2 AM 11:23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Insurance Group of Panama City, 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:

Stephanie Nicol

Name of Person

Affordable Insurance Group of Panama City, LLC.

Firm/Company

2104 W. 11th St.

Address

Panama City, FL. 32401

City/State and Zip Code

stephanie@affordableinspc.com

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

For further information concerning this matter, please call:

Stephanie Nicol at (850) 769-5050
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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. Name of the limited liability company: Affordable Insurance Group of Panama City, LLC.

2. (a) 2104 W. 11th St. Panama City, FL. 32401
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

(b) 2104 W. 11th St. Panama City, FL. 32401
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

3. 3/29/2024 Date of filing/registration in Florida

4. L09000073040 Document number

5. (a) Stephanie M. Hall
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2104 W. 11th St. Panama City, FL. 32401

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

2104 W. 11th St. Panama City, FL. 32401
NEW Registered Office Address:
(Only changing last name of registered agent and title mgrm due to marriage.)

_____, FL _____

FILED
2024 APR -2 AM 11:23
SECTION 605.0114
TALLAHASSEE

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.

Stephanie Nicol
Signature of a member or authorized representative of a member

Stephanie Nicol
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 605, 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.

Stephanie Nicol
Signature of Registered Agent

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

2024ML1908267

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) STEPHANIE MICHELLE HALL		1b. MAIDEN SURNAME (if different) DAY	2. DATE OF BIRTH (Month, Day, Year) 06/23/1983
3a. RESIDENCE - CITY, TOWN, OR LOCATION PANAMA CITY	3b. COUNTY BAY	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) ALABAMA
5a. NAME OF SPOUSE (First, Middle, Last) ANDREW JUSTIN NICOL		5b. MAIDEN SURNAME (if different)	6. DATE OF BIRTH (Month, Day, Year) 04/16/1980
5c. RESIDENCE - CITY, TOWN, OR LOCATION PANAMA CITY	5d. COUNTY BAY	5e. STATE FLORIDA	6. Birthplace (State or Foreign Country) ILLINOIS

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR MYSELF STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

7. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Stephanie Hall</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/28/2024
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Daniela Barlow</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Andrew Nicol</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/28/2024
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Daniela Barlow</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

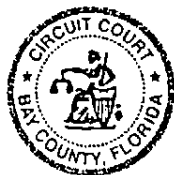
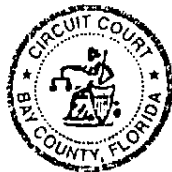
17. COUNTY ISSUING LICENSE BAY	18. DATE LICENSE ISSUED 02/28/2024	19a. DATE LICENSE EFFECTIVE 03/02/2024	19b. EXPIRATION DATE 04/28/2024
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Bill Kinsaul</i>		20b. TITLE CLERK OF THE CIRCUIT COURT & COMPTROLLER	20c. BY D.C. GB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 3-4-24	22. CITY, TOWN, OR LOCATION OF MARRIAGE Panama City, FL 32404		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>James A. Simmons</i>		23b. ADDRESS (Of person performing ceremony) 408 E 5th ST. Lynn Haven FL 32404	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY <i>Retired Pastor of North Bay Baptist Church Rev. James A. Simmons</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Martha Simmons</i>	

SEAL



Florida

DRIVER LICENSE



DL# N240-793-83-723-0 CLASS E



NICOL
STEPHANNE MICHELLE
14207 GREENLEAF CIR
TAMPA CITY, FL 33604

DOB 08/23/1983 SEX F

EXP 08/23/2027 HGT 5' 01"

12 REST NONE IN 100 NONE

SAFE DRIVER

DL EX 08/21/2015

DOB 08/23/1983

REPLACED 08/23/2015

Operation of a motor vehicle constitutes
consent to any and all tests required by law

