

LD9000094356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

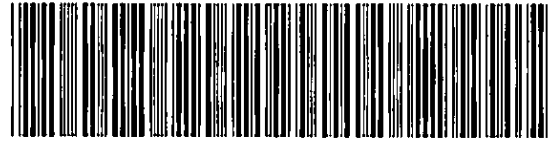
(Business Entity Name)

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I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-542-8062 • Fax (850) 222-1222

PROFESSIONAL INSURANCE

CONSULTANTS GROUP, LLC

Signature _____

Requested by: Seth

10/27/21

Name

Date

Time

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Art of Inc. File _____

LTD Partnership File _____

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L.C. File _____

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RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

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Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

2021 OCT 28 AM 8:09

Antonio M. Arias **Manager**
8669 NW 36th Street, Suite 105
Miami, FL 33166

Article V
Change of Registered Agent

The above-named company hereby changes its Registered Agent and Office as follows:

Antonio L. Argiz
8669 NW 36th Street, Suite 105
Miami, FL 33166

Registered Agent
Office

Shall be replaced in all respects by:

John Cody German, Esq.
9150 S. Dadeland Boulevard, Suite 1400
Miami, FL 33156

Registered Agent
Office

Article VI
Approval of Directors

The undersigned as an Authorized Representative and Registered Agent of the above-named company adopt, approve, and authorize this amendment on this the 27th day of September, 2021. The approval of the Managers and Members has been obtained in connection with this amendment.

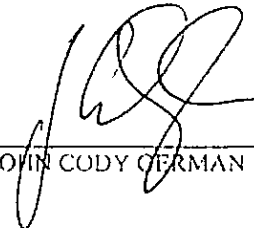
IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment in the State of Florida, on September 27, 2021



JOHN CODY GERMAN,
Authorized and Registered Agent

ACCEPTANCE OF APPOINTMENT

IN WITNESS WHEREOF, the undersigned hereby accepts the appointment of Registered Agent, and states that it is familiar with, and accepts the obligations provided for in Section 697.0505, Florida Statutes.


JOHN CODY GERMAN

STATE OF FLORIDA)
)SS
COUNTY OF DADE)

The preceding or attached instrument was acknowledged before me on 9/27/21,
by John Cody German, he is personally known to me or has produced
_____ as identification and did not take oath.

{Notary Seal



TRICIA ANN RUIZ
Commission # GG 296488
Expires February 17, 2023
Bonded Thru Budget Notary Services


Signature of Notary Public

TRICIA ANN RUIZ
Print or Type Name of Notary Public