

LD9000118154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

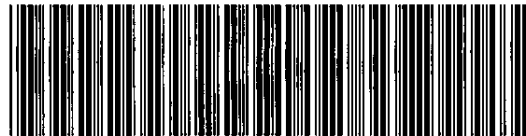
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700187076237

10/28/10--01005--002 **25.00

FILED
10 OCT 28 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Practical Insurance Consultants, 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:

Carolyn M. Smith

Name of Person

Practical Insurance Consultants, LLC

Firm/Company

8950 SW 69 Ct #211

Address

Miami, FL 33156

City/State and Zip Code

carolynmsmith@ymail.com

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

For further information concerning this matter, please call:

Carolyn M Smith

Name of Person

at (305) 984-8930

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

FILED
10 OCT 28 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Practical Insurance Consultants, LLC

2. (a) Principal office address of limited liability company: 8950 SW 69 Ct #211



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

Miami, FL 33156

(b) Mailing address of limited liability company: 8950 SW 69 Ct #211



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

Miami, FL 33156

3. Date of filing/registration in Florida 10/26/2010

4. Document number L09000118154

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

Registered Agent: United States Corporation Agents, Inc

Registered Office Address: 13302 Winding Oaks Blvd, Suite A-100
Tampa, FL 33612

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

NEW Registered Agent: Carolyn M Smith

NEW Registered Office Address: 8950 SW 69 Ct #211
(MUST BE FLORIDA STREET ADDRESS)

Miami

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.

Carolyn M Smith
Signature of a member or authorized representative of a member

Carolyn M Smith
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 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.

Carolyn M Smith
Signature of Registered Agent

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