

L10000001108



595 S Federal Highway
Suite 600, Boca Raton, FL 33432

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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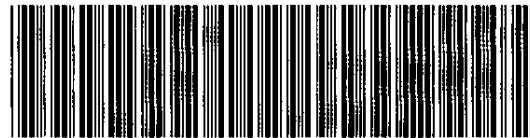
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien AUG - 9 2010

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: FAMILY ASSURANCE LLC.
2. (a) Principal office address of limited liability company: ☐ 595 S. FEDERAL Hwy
BOCA RATON FL Suite 600
33432
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: ☐ SAME AS ABOVE
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 1-5-10
4. Document number: L10000001108
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: ROBERT A PASCAL JR.
- Registered Office Address: 300 AVENUE OF ARTS
FT. LAUDERDALE FL. 33322
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** SCOTT WATON
- NEW Registered Office Address:** 595 S. FEDERAL Hwy
Suite 600
BOCA RATON FL 33432
(**MUST BE FLORIDA STREET ADDRESS**)

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

SCOTT WATON
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

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