

LI0000029995

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE  
NOV 16 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2012

DAVID DEVORE  
7150 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

SUBJECT: DEVORE INSURANCE AGENCY, LLC  
Ref. Number: L10000029995

We have received your document for DEVORE INSURANCE AGENCY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 012A00026989

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DeVore Insurance Agency 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:

David A. DeVore  
Name of Person

DeVore Insurance Agency LLC  
Firm/Company

7150 Cypress Gardens Blvd  
Address

Winter Haven, FL 33884  
City/State and Zip Code

davedevore@allstate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person 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

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TALLAHASSEE, FLORIDA

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**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: DeVore Insurance Agency LLC
2. (a) Principal office address of limited liability company: 7150 Cypress Gardens Blvd  
(Note: **MUST BE STREET ADDRESS**) Winter Haven FL 33884
- (b) Mailing address of limited liability company: 7329 Bent Grass Dr  
(Note: **MAY BE POST OFFICE BOX**) Winter Haven FL 33884
- 3-17-10
3. Date of filing/registration in Florida
4. Document number L10000029995

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

Registered Agent:

David A. DeVore

Registered Office Address:

7329 Bent Grass Dr

Winter Haven FL 33884

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

**NEW** Registered Agent:

N/A

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

7150 Cypress Gardens Blvd

Winter Haven FL 33884

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.

David A. DeVore  
Signature of a member or authorized representative of a member

David A. DeVore  
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.~~

David A. DeVore  
Signature of Registered Agent

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