

L100000109168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

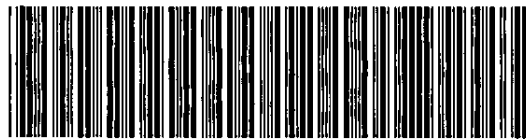
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200253639362

11/12/13--01006--001 \*\*25.00

2013 NOV 12 PM 3:08  
FALLASSIST, FLORIDA

B. BOSTICK

NOV 13 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARDIN INSURANCE GROUP 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:

R. MARK HARDIN

Name of Person

HARDIN INSURANCE GROUP

Firm/Company

2559 N. TOLEDO BLADE BLVD.

Address

NORTH PORT, FL 34289

City/State and Zip Code

MARKHARDIN@ALLSTATE.COM

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

For further information concerning this matter, please call:

R. MARK HARDIN

Name of Person

at ( 941 ) 240-8982

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

2013 NOV 12 PM 3:08  
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: HARDIN INSURANCE GROUP

2. (a) Principal office address of limited liability company: 2559 N. TOLEDO BLADE BLVD.  
**(Note: MUST BE STREET ADDRESS)**

SUITE 1  
NORTH PORT, FL 34289

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

2559 N. TOLEDO BLADE BLVD.  
SUITE 1  
NORTH PORT, FL 34289

11/7/2013

L10000109168

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

KAREN HARDIN

Registered Office Address:

2559 N. TOLEDO BLADE BLVD.  
SUITE 1  
NORTH PORT, FL 34289

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

NEW Registered Agent:

R. MARK HARDIN

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2559 N. TOLEDO BLADE BLVD.  
SUITE 1  
NORTH PORT, FL 34289

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]  
Signature of a member or authorized representative of a member

R. Mark Hardin  
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]  
Signature of Registered Agent

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

FILING FEE: \$25.00