

L10000126623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Members Mutual of Florida 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:

Terri German

Name of Person

Members Mutual of Florida LLC

Firm/Company

3815 N Nebraska Avenue

Address

Tampa, FL 33603

City/State and Zip Code

Terri@membersmutual.com

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

For further information concerning this matter, please call:

Terri German at (813) 383-2327
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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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Members Mutual of Florida LLC
2. (a) 3815 N Nebraska Ave, Tampa, FL 33603 (b) PO BOX 360098, Tampa, FL 33673
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 12-9-10 Date of filing/registration in Florida 4. L10000126623 Document number

5. (a) Terri Johnson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3815 N Nebraska Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33603

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

3815 N Nebraska Avenue

NEW Registered Office Address:

Tampa, FL 33603

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TALLAHASSEE, FLORIDA

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.

Terri Johnson German TERRI JOHNSON(German)
Signature of a member or authorized representative of a member 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 605, 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.

Terri German
Signature of Registered Agent

USE BLACK INK

2018094834

34701DC

06/05/2018 04:25pm 1 of 1
OR BK **9736** PG **2108**

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) DALLAS HUEY GERMAN		1d. MAIDEN SURNAME (if applicable) FL 33544	
3a. RESIDENCE - CITY, TOWN, OR LOCATION 27013 JUNIPER BAY DR WESLEY CHAPEL		3b. COUNTY PASCO	
5. NAME OF SPOUSE (First, Middle, Last) TERRI LYNNE JOHNSON		5b. MAIDEN SURNAME (if applicable) BELLINA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION 27013 JUNIPER BAY DR WESLEY CHAPEL		7b. COUNTY PASCO	
		7c. STATE FL 33544	
		8. BIRTHPLACE (State or Foreign Country) FLORIDA	
WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name in ink black ink) Dallas Huey German		13. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/19/2018	
11. TITLE OF OFFICIAL Paula S. O'Neil, Ph.D. Clerk & Comptroller		17. SIGNATURE OF OFFICIAL (Use black ink) Kelly A. Martinez	
13. SIGNATURE OF SPOUSE (Sign full name in ink black ink) Terri Lynn Johnson		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/19/2018	
15. TITLE OF OFFICIAL Paula S. O'Neil, Ph.D. Clerk & Comptroller		16. SIGNATURE OF OFFICIAL (Use black ink) Kelly A. Martinez	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE PASCO		18. DATE LICENSE ISSUED 04/19/2018	
19. DATE LICENSE EFFECTIVE 04/22/2018		20. EXPIRATION DATE 06/17/2018	
20a. SIGNATURE OF COURT CLERK OR JUDGE Kelly A. Martinez		20b. TITLE Paula S. O'Neil, Ph.D. Clerk & Comptroller	
20c. BY DC. KM			
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21. DATE OF MARRIAGE (Month, Day, Year) May 26th 2018		22. CITY, TOWN OR LOCATION OF MARRIAGE Dade City, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Lory Wright		23c. ADDRESS (Of person performing ceremony) Dade City, Florida	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For notary stamp) LORY WRIGHT MY COMMISSION # FF 12578 exp. Oct. 11, 2019		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Jami Menzel	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Jami Menzel			
INFLUENCE OF NEW YORK VITAL STATISTICS ONLY - NOT TO BE RECORDED			

STATE OF FLORIDA, COUNTY OF PASCO
THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT
ON FILE OR OF PUBLIC RECORD IN THIS OFFICE
WITNESS MY HAND AND OFFICIAL SEAL THIS
5th DAY OF June 2018
PAULA S. O'NEIL, CLERK & COMPTROLLER

BY B. m. d. DEPUTY CLERK

