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(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
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AUG 2 9 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brightrock Insura Name of Limited Liability Compar	nce Group, L
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Name of Person	
Kevin P. Markey, P.C. Firm/Company	
380 S. Courtenay Pkny. Ste A Address	
Merrit Island FC 32952 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Viristin Scherer at (321) 631	- 4758
	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDI Registration Section Division of Corpo Division of Corpo Torpo P.O. Box 6327 Tallahassee, Florida	on rations
Enclosed is a check for the following amount:	
№ \$25 Filing Fee	Certified Copy

INHS18 (2/14)

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: Brightruck Insurance Grou	<u>e ll</u> C
2. (a) 1879 Muryell Rd. # 136 (b) 465 Maura L Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BE	
Kockledge, Fl 32955 Merritt Island.	fc 32953
	 -
April 15, 2011	>
3. Date of filing/registration in Florida 4. Document number	
5. (a) SUSCIA De LOCKE Registered Agent and Registered Office shown on the records of the Florida Dept. of State.	
465 Maura Liva Ct.	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Mexitt Island, FL 32953	
(b) Kerin P. Markey P.L	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
380 S. Courtenay Pkny., St. A NEW Registered Office Address:	
Merritt Island FL 32952	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the ragent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chan was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide articles of organization or the operating agreement of the limited liability company.	egistered
	<u>c</u>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an two obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is between the continuous change in the proper address, I hereby confirm that the limited liability company has Signature of Registered Agent	with the d accept ing filed been
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	
FILING FEE: \$25.00	

15:11