

L11000062339

(Requestor's Name)

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(Business Entity Name)

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A. HUNT
03/05/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/05/2024

Acc#120160000072

W: C DW

Name:	MEDI-SOLUTIONS INSURANCE AGENCY LLC
Document #:	
Order #:	15414083

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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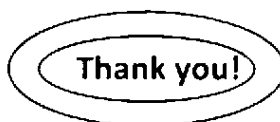
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Amount: \$ **55.00**



STATE OF FLORIDA
TALLAHASSEE, FL
2024 MAR 5 AM 11:26

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medi-Solutions 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:

Legal Department

Name of Person

Senior Market Sales LLC

Firm/Company

8420 W Dodge Rd, Ste 510

Address

OMAHA, NE 68114

City/State and Zip Code

licensing@seniormarketsales.com

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

For further information concerning this matter, please call:

Amanda Solberg

Name of Person

at (402) 343-3634

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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DIVISION OF STATE
CORPORATIONS, FL
7/20/2017 5:26 AM

**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: Medi-Solutions Insurance Agency, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>5639 SE Crooked Oak Ave</u> <u>Hobe Sound, FL 33455</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>5639 SE Crooked Oak Ave</u> <u>Hobe Sound, FL 33455</u>
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3. <u>05/26/2011</u> Date of filing/registration in Florida	4. <u>L11000062339</u> Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Kenneth Norman, Esq

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2400 S.E. Federal Highway, 4th Floor

Stuart, FL 34994

C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

2011 MAY -5 AM 11:27
ED
TALLHASSEE, FL
DIVISION OF STATE

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.

Frank Reilly, Jr.
Signature of a member or authorized representative of a member

Frank Reilly, Jr.

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.

By: Sherry McGinnes
Signature of Registered Agent

Sherry McGinnes, Assistant Secretary

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

FILING FEE: \$25.00