## L11000079187

LESLIE Roman
Florida Insurance & Plus Luc (Requestor's Name)
(Requestor's Name)
323 S. 21st AvE Suite C (Address)
Hollywood 77 33020 (City/State/Zip/Phone #)
(City/Staté/Zip/Phone #)
PICK-UP WAIT MAIL
Florida Fasurance 5 Plus Ha (Business Entity Name)
(Business Entity Name)  79187  (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER AUG 10 2011

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons			
SUBJECT:		rance & Plus "LLC" d Liability Company	The second secon	
Dear Sir or Madam:				
The enclosed Registered Age	nt/Registered Office	Change and fee(s) are submitted	l for filing.	
Please return all corresponder	nce concerning this m	natter to the following:		
	Roman			
Name of	Person			
Florida Insuran	ce & Plus "LLC"			
323 s 21st Ave # c		<del></del>	<b>201</b> SE TALL	
Hollywood,Fl.33020 City/State and Zip Code			2011 AUG -9 AH 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
floridainsuranceplus@comcast.net  E-mail address: (to be used for future annual report notification)		on)	M 10: 04 F STÄTE FLORIDA	C
For further information conce	rning this matter, ple	ase call:		
Leslie Romar	1at (	954 ) 274056		
Name of Person		Area Code & Daytime Telephon	e Number	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, Florida 323	s Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check f	or the following amo	ount:		
\$25 Filing Fee		\$55 Filing Fee & Certified	Сору	

INHS18 (5/08)

## 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.

l. Na	me of the limited liability company:	rida Insurance & Plus "LLC"
2. (a)	Principal office address of limited liability company	323 s 21st Ave # c
	(Note: MUST BE STREET ADDRESS)	Hollywood,Fl.33020
(b)	Mailing address of limited liability company:	323 s 21st Ave # c
	(Note: MAY BE POST OFFICE BOX)	Hollywood,FI.33020
	07/11/2011	L11000079187
3. Da	te of filing/registration in Florida	4. Document number
5. <b>(a</b> )	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	Lesie Roman
	Registered Office Address:	18400 nw 75 place #131 Hialeah,Fl.33015
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Leslie Roman
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	323 s 21st Ave # c
		Hollywood ,FL33020
confirmand the liability of the or the	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company e of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed	Leslie Roman or typed name of signee	- SEE SEE
I here compl and I d Chapte addres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prought familiar with and accept the obligations of my poet, 608, F.S. Or, if this document is being filed to me is, I hereby confirm that the limited liability company of Registered Agent	gree to act in this capacity. Husther gree to open and complete performance of maduties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
2: Parerry	ie or regimenen ukent	

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