

L11 0000 79187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

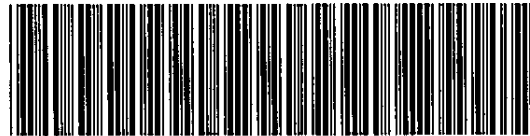
(Business Entity Name)

(Document Number)

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16 JUN -1 AM 7:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUN 02 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

LESLIE ROMAN
926 N FEDERAL HWY
HOLLYWOOD, FL 33020

SUBJECT: FLORIDA INSURANCE & PLUS "LLC"
Ref. Number: L11000079187

We have received your document for FLORIDA INSURANCE & PLUS "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00010479

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Insurance & Plus.
Name of Corporation

DOCUMENT NUMBER: 211000079187

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Roman
Name of Contact Person

Florida Insurance & Plus
Firm/Company

926 N. Federal Hwy
Address

Hollywood, Florida 33020
City/State and Zip Code

Floridainsuranceplus @comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Roman at (954) 380-1613
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Florida Insurance & Plus LLC
2. (a) 926 N. Federal Hwy Hollywood FL 33020 (b) 926 N. Federal Hwy Hollywood FL 33020
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. 7/11/2011 Date of filing/registration in Florida 4. _____ Document number
5. (a) Alma Roman Florida Insurance Plus LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
926 N. Federal Hwy Suite 926
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Hollywood, FL 33020
Leslie Roman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

926 N. Federal Hwy
NEW Registered Office Address:

Hollywood, FL 33020

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

Leslie Roman
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.

[Signature]
Signature of Registered Agent