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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## SUBJECT: JHS Capital Insurance Services, 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:

Stacy Costner

Name of Person

JHS Capital Insurance Services, LLC

Firm/Company

501 E. Kennedy Blvd., Suite 1400

Address

Tampa, FL 33602

City/State and Zip Code

## stacy.costner@jhscapital.com

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

For further information concerning this matter, please call:

Stacy Costner

...813

202-7973

Name of Person

Area Code & Daytime Telephone Numb

### 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

M24 MB: I7

# 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.

1. N	lame of the limited liability company: JHS Capital Insuran	ice Services, LLC	
2 (	a) Principal office address of limited liability compa	nv: 501 E. Kennedy Blvd.	
(Note: MUST BE STREET ADDRESS)		Suite 1400	
		Tampa, FL 33602	· · · · · · · · · · · · · · · · · · ·
(l	n) Mailing address of limited liability company:	501 E. Kennedy Blvd.	
	(Note: MAY BE POST OFFICE BOX)	Suite 1400	
		Tampa, FL 33602	
11/30/	11	L11000135361	100
3. D	ate of filing/registration in Florida	4. Document number	
5. (	a) Registered Agent and Registered Office shown of	on the records of the Florid	a Dept. of State:
	Registered Agent:	F&L Corp.	me 🗷 🌃
	Registered Office Address:	One Independent Drive	
Registered Office Address.	registered Office Address.	Suite 1300	
		Jacksonville, FL 32202	
	NEW Registered Agent:	Stacy Costner	
NEW Registered Office Address:		501 E. Kennedy Blvd.	
	(MUST BE FLORIDA STREET ADDRESS)	Suite 1400	
		Tampa	,FL_33602
confi and t liabil the n the o	e limited liability company is not organized under the irmed that after the change or changes are made, the he business office of the registered agent will be ide lity company, it is hereby confirmed that the change nembers of the limited liability company or as other perating agreement of the limited liability company.	Florida street address of tentical. Or, in the case of a (s) was/were authorized by	he registered office a Florida limited an affirmative vote of
Signat	ure of a member or authorized representative of a member		
Scott J	. Bendert		
	d or typed name of signee	<del></del>	
I her comp and I Chap addr	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the plan familiar with and accept the obligations of my other 608/F,S. Or, if this document is being filed to be the sess, I hereby confirm that the limited liability composition.	l agree to act in this capac proper and complete perfo position as registered age nerely reflect a change in any has been notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
Signa	ture of Registered Moent		

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