

L12000041722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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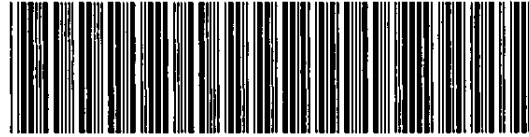
(Business Entity Name)

(Document Number)

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12 JUN 25 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guilgan JUN 28 2012



Reply to: Jacksonville

June 21, 2012

Division of Corporations
Secretary of State
State Of Florida
P.O. Box 6327
Tallahassee, FL 32314

Re: Statements of Change of Registered Agent for Limited Liability Company

Dear Sir or Madam:

Enclosed please find *Statements of Change of Registered Agent for Limited Liability Company*, for **The Hoffman Agency, LLC and One Person Holdings, LLC** for filing and checks for the appropriate filing fee of \$25.00 each.

Thank you,

Leslie M. Landtroop
Legal Assistant to
Howard A. Caplan

/ll
Enclosures

See Things Differently

BRADENTON
101 Riverfront Boulevard
Suite 620
Bradenton, Florida 34205
p | 941-708-4040 • f | 941-708-4024

JACKSONVILLE
245 Riverside Avenue
Suite 150
Jacksonville, Florida 32202
p | 904-353-6410 • f | 904-353-7619

TALLAHASSEE
315 South Calhoun Street
Suite 830
Tallahassee, Florida 32301
p | 850-222-5702 • f | 850-224-9242

WEST PALM BEACH
515 North Flagler Drive
Suite 1500
West Palm Beach, Florida 33401
p | 561-640-0820 • f | 561-640-8202

www.llw-law.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HOFFMAN 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:

HOWARD A. CAPLAN

Name of Person

LEWIS, LONGMAN & WALKER, P.A.

Firm/Company

245 RIVERSIDE AVENUE, SUITE 150

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

Jhoffman@thehoffmanagency.com

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

For further information concerning this matter, please call:

HOWARD A. CAPLAN

Name of Person

at (904)

353-6410

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

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. Name of the limited liability company: THE HOFFMAN AGENCY, LLC

2. (a) Principal office address of limited liability company: 1056 HENDRICKS AVENUE

(Note: MUST BE STREET ADDRESS)

JACKSONVILLE, FL 32202

(b) Mailing address of limited liability company:

1056 HENDRICKS AVENUE

(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE, FL 32202

MARCH 26, 2012

L12000041722

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JEFFREY R. HOFFMAN

Registered Office Address:

1056 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

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

NEW Registered Agent:

HOWARD A. CAPLAN

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

245 RIVERSIDE AVENUE

SUITE 150

JACKSONVILLE, FL 32202

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 of member or authorized representative of a member

JEFFREY R. HOFFMAN

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 608, 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 of Registered Agent

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

FILING FEE: \$25.00