L120000 77596

(Re	questor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATE

K.SALY EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	The Insurance Store USA II, LLC				
SUBJECT: Name of Limited Liability Company					
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offic	ce Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to the fo	ollowing:		
Gard	lner B. Browne				
	Name of Person		-		
The	Insurance Store USA, LLC				
	Firm/Company		_		
80 R	oyal Palm Pointe Suite 403				
	Address		_		
Vero	Beach, FL 32960				
	City/State and Zip Code		_		
gbro	wne@theinsstoreusa.com				
	E-mail address: (to be used for future ann	ual report notific	eation)		
For fu	orther information concerning this matter,	please call:			
Gard	iner B. Browne	772 at (696-5655		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		
INHS	18 (2/14)				

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. N	ame of the limited liability company: The Insurance	ce Store USA, L	LC
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	511 So. Orange Blossom Trail	80 Ro	yal Palm Pointe Suite 403
	Apopka, FL 32703	Vero E	Beach, FL 32960
	06/11/2012	L12000	077596
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of Gardner B. Browne	f the Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	948 20th St		7A S
	Vero Beach , FI	32960	FILED PHE: 16
			758 - I
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
			FI.OR
	NEW Registered Office Address:		
	80 Royal Palm Pointe Suite 403		
	Vero Beach, FI	_32960	
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of I f the registered offi iability company, in of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this co e performance of m ed for in Chapter 6 hereby confirm tho	apacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	rre of Registered Agent		

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