

L12000/136333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Alicia Graham gave  
Verbal Permission via  
telephone to correct  
current RA Info.

Office Use Only



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12/01/14--01004--009 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 11 PM 2:43

DEC 17 2014

T. CARTER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pro Player Insurance Group, 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:

Alicia Graham

\_\_\_\_\_  
Name of Person

Pro Player Insurance Group LLC

\_\_\_\_\_  
Firm/Company

1716 Fowler Street

\_\_\_\_\_  
Address

Fort Myers, FL 33901

\_\_\_\_\_  
City/State and Zip Code

alicia.graham@proplayerig.com

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

For further information concerning this matter, please call:

Alicia Graham

\_\_\_\_\_  
Name of Person

at (239)

672-8194

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2014

ALICIA GRAHAM  
PRO PLAYER INSURANCE GROUP LLC  
1716 FOWLER STREET  
FORT MYERS, FL 33901 US

SUBJECT: PRO PLAYER INSURANCE GROUP LLC  
Ref. Number: L12000136333

We have received your document for PRO PLAYER INSURANCE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 314A00026036

**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: Pro Player Insurance Group LLC

2. (a) 2267 S. University Drive (b) 2267 S. University Drive

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Davie, FL 33324

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Davie, FL 33324

October 25, 2012

L12000136333

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

2267 S. University Drive

Davie, FL 33324

(b) Registered agent remains the same

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

See below for new registered office address

**NEW** Registered Office Address:

1716 Fowler Street

Fort Myers, FL 33901

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 11 PM 2:43

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

Earnest Graham

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 of Registered Agent

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