## L13000014201

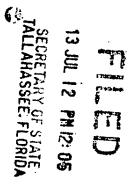
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## **COVER LETTER**

_	ion Section of Corporations		
SUBJECT:		cial Insurance, CLC of Limited Liability Company	<u>-</u>
Dear Sir or Mada	un:		
The enclosed Re	gistered Agent/Registere	d Office Change and fee(s) are subn	nitted for filing.
Please return all	correspondence concerni	ng this matter to the following:	
Bruci	Name of Person	»n	
Florid	a Commercial Firm/Company	Insurance, ILC	
5823	Bowen Daniel Address	Dr. #1105	<b>€</b> \$
Tampa	Fit 33616 City/State and Zip Code		13 JUL 12 SECRETAR ALLAHASS
E-mail address:	. Ohnson @ 10a (tobe used for future annual rep	ort notification)	PA SI
For further infor	mation concerning this m	natter, please call:	PATE RIDA
	E. Whuson	at ( 813 ) 262-2 Area Code & Daytime T	
Registrati Division o Clifton Bo 2661 Exec	on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ns
_	is a check for the follo	wing amount:	
<b>₾ \$</b> 25 Fi	iling Fee 1, 1075	□ \$55 Filing Fee & Ce	rtified 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: Florida (	commercial Insurance, UC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 5823 Bowen Daniel Dr. #1105 Tampa, FL 33616
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	5823 Bowen Daniel Dr. #1105 Tampa, FC 33616
1-28-2013  3. Date of filing/registration in Florida	46-1891233 /L13 000014201 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Bruce E. Johnson
Registered Office Address:	4521 S. Shanrock Rd. Tampa, Fr. 33611
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address:  Bruce E. Jhnson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5823 Bowen Juniel Dr. #1105
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.  Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of ise provided in the articles of organization or ASSET

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