L1300021159	
(Requestor's Name) (Address) (Address)	500255277275
(City/State/Zip/Phone #)	01/14/1401030013 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SHORE TAKY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	

i

ļ

1

. •

NLGuttigen JAN 1.7 2014

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Infinity Direct Insurance 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:

David Dimlich

Name of Person

Infinity Direct Insurance LLC

Finn/Company

10251 W. Oakland Park Blvd.

Address

Sunrise, FL 33351

City/State and Zip Code

ddimlich@covida.com

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

For further information concerning this matter, please call:

David Dimlich

Name of Person

at (954) 414-8810

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

INHS18 (5/08)

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: Infinity Direct Insurance LLC
- 2. (a) Principal office address of limited liability company: 10251 W. Oakland Park Blvd. (Note: MUST BE STREET ADDRESS) Sunrise, FL 33351
 - (b) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)

Ebbruary 20, 2013

3. Date of filing/registration in Florida

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

Registered Agent:

Registered Office Address:

10251 W. Oakland Park Blvd.

10251 W. Oakland Park Blvd.

4. Document number

Sunrise, FL 33351

L13000026759

Daniel Touizer

Sunrise, FL 33351

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Jay Vallnsky 900 Southeast 3rd Ave., Suite 205 Fort Lauderdele

.

īΪ

m

()

F

2

3

СП

7:-

TI

5

1 12 11

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 a member or authorized representative of a member

Lewis Urketzky
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 statules 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, thereby 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

INHS18 (05/08)