

CL3000129 351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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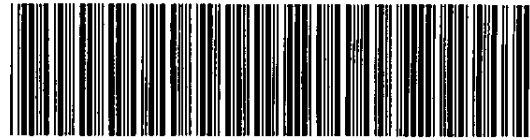
(Business Entity Name)

(Document Number)

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15 JAN 26 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2015 JAN 26 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: OLD NAPLES INSURANCE AGENCY LLC

2. (a) 26381 S TAMIAMI TRAIL STE 108 (b) 26381 S TAMIAMI TRAIL STE 108

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

BONITA SPRINGS FL 34134

BONITA SPRINGS FL 34134

09/12/2013

L 13000129351

3. Date of filing/registration in Florida

4. Document number

5. (a) JOHN C GOEDE PA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8950 FONTANA DEL SOL WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 100

NAPLES, FL 34109

(b) JOHN WEIMER

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

26381 S TAMIAMI TRAIL

NEW Registered Office Address:

SUITE 108

BONITA SPRINGS, FL 34134

APPROVED
AND
FILED
15 JAN 26 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

John C. Weimer
Signature of a member or authorized representative of a member

John C. Weimer
Printed or typed name of signer

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.

John C. Weimer
Signature of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD NAPLES INSURANCE 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:

JOHN WEIMER

Name of Person

OLD NAPLES INSURANCE AGENCY LLC

Firm/Company

26381 S TAMIAMI TRAIL SUITE 108

Address

BONIA SPRINGS FL 34134

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN WEIMER

716-839-6513

Name of Person

at ()

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