

L13000148680

(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:

NOV -6 2013

A. LUNT

Office Use Only



500252743045

11/04/13--01013--002 \*\*25.00

FILED  
2013 NOV -4 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Well Covered Ins 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:

Richard Dixon  
Name of Person

Well Covered Ins Group LLC  
Firm/Company

1107 Southlands Ct  
Address

Port Orange FL 32129  
City/State and Zip Code

Richard@sherzer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Dixon at (386) 575-6009  
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

**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

FILED  
2013 NOV -4 PM 4:45  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

**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: Well Covered Ins Group LLC

2. (a) Principal office address of limited liability company: 1107 Southlands Ct  
(Note: **MUST BE STREET ADDRESS**) Port Orange FL 32129

(b) Mailing address of limited liability company: 1107 Southlands Ct  
(Note: **MAY BE POST OFFICE BOX**) Port Orange FL 32129

10-22-13  
3. Date of filing/registration in Florida

43000148680  
4. Document number

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

Registered Agent: James Allender

Registered Office Address: 1107 Southlands Ct  
Port Orange FL 32129

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

**NEW** Registered Agent: Richard Dixon

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) 1107 Southlands Ct  
Port Orange FL 32129

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

Richard Dixon  
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 608, 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]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00