## 11400000 4286

(Requestor's Name)	
(Address)	700327220
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	04/06/1901017
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	TALL

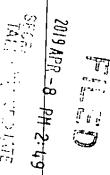
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R. WHITE ARR 18 223



## **COVER LETTER**

TO: Registration Section

Divi	ision of Corporations					
SUBJECT:	FOCUS SPECIALTY UNDERWRITERS, L.L.C.  Name of Limited Liability Company					
SUBJECT						
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Offi	ce Change and f	Cee(s) are submitted for filing.			
Please return	n all correspondence concerning thi	s matter to the fo	ollowing:			
Steven C.	Elkin					
	Name of Person		_			
Frank Wei	inberg Black					
	Firm/Company		_			
7805 S.W	. 6th Court					
·•	Address		_			
Plantation	, FL 33324					
	City/State and Zip Code		_			
selkin@fw	/blaw.net					
E-mail	address: (to be used for future annual	ual report notific	cation)			
For further i	nformation concerning this matter,	please call:				
Steven C.	Elkin	954 at (	474-8000			
	Name of Person	(	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
<b>2</b> S	25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

## 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. N	ame of the limited liability company:	cialty Und	erwriters,	L.L.C.	
2. (a)	1300 Sawgrass Corporate Parkway	(b	1300 Sa	wgrass Corporate Parl	kway
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability (Note: MAY BE POST OFFIC	
	Suite 300		Suite 300	0	
	Sunrise, FL 33323		Sunrise,	FL 33323	
	01/08/2014		L1400000	94286	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Amy J. Galloway				
(-)	Registered Agent and Registered Office shown on the records 3020 N.E. 32 Avenue	of the Florida	Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u> </u>		
	Ft. Lauderdale	FL_33308		· · · · · · · · · · · · · · · · · · ·	
(b)	Steven C. Elkin			TOTAL STATE OF THE	(Table)
` ,	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	iress:	~ 1	WARE,
	Frank Weinberg Black			8 PM	i e g
	NEW Registered Office Address:				
	7805 S.W. 6th Court			) 311 64	
	Plantation	FL 33324			
the cha agent was/we the arti Signat I herel provisite the obli to mere notified	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the function of a member of a listatutes relative to the proper and completing of my position as registered agent as proving reflect a change in the registered office address, I in writing of this change.	of the regis l liability co es of the lim he limited l	atered office impany, it is ited liability iability com	e and the business office of shereby confirmed that the y company or as otherwise apany.  Printed or typed name of signer	the registered change(s) provided in