

L14000018176

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(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assurance Public Adjusting, 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:

Sonia Ana Blaisdell
Name of Person

Assurance Public Adjusting, LLC
Firm/Company

6701 SW. 20th Street
Address

Plantation, FL 33317
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Buck OR SONIA A BLAISDELL 954-448-3919
Name of Person at (954) 489-4814
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

**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: Assurance Public Adjusting, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9495 Evergreen PL #304
DAVIE, FL 33324

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6701 SW 20th ST
Plantation, FL 33317

2/3/14

L14 0000 18176

3. Date of filing/registration in Florida

4.

Document number

5. (a) Sonia Ana Blaisdell

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9495 Evergreen PL #304
DAVIE, FL 33324

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

NEW Registered Office Address:

6701 SW. 20th ST
Plantation, FL 33317

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.

Sonia A Blaisdell
Signature of a member or authorized representative of a member

Sonia Ana Blaisdell
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 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.

Sonia A Blaisdell
Signature of Registered Agent

FILED
17 MAY 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA