

L14000081752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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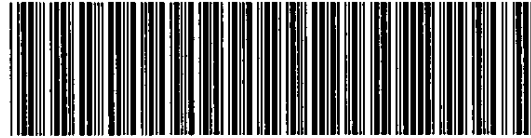
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUN - 5 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Irish Insurance 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:

Kenneth Brannigan

Name of Person

Irish Insurance Group, LLC

Firm/Company

36408 US HWY 19 N

Address

Palm Harbor, FL 34684

City/State and Zip Code

info@seniorhealthcaresolutions.com

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

For further information concerning this matter, please call:

Ken Brannigan

727

798-0308

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

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, Irish Insurance Group, LLC
2. (a) 36408 US HWY 19 N (b)
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

Palm Harbor, FL, 34684

- 3. 5/20/2014 Date of filing/registration in Florida 4. L14000081752 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 36408 US HWY 19 N Palm Harbor, FL, 343684

- (b) Melissa MacCalla Enter name of NEW Registered Agent and/or NEW Registered Office address.

NEW Registered Office Address 1557 Meadow Lark Dr.

Titusville, FL, 32780

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 of authorized representative of a member Kenneth Brannigan 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.

Signature of Registered Agent Melissa MacCalla

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