

11/26/24, 10:51 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number : (702)900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 26 PM 5:25

FILED

LLC REGISTERED AGENT CHANGE
NORMANDY INSURANCE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

NOV 26 2024

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Normandy Insurance Services 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:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road, Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

InCorp Services, Inc. / Kathy Shin at (800) 246-2677

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H24000392588 3**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: Normandy Insurance Services LLC

2. (a) 4800 N Federal Hwy A302 (b) 4800 N Federal Hwy A302
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

Boca Raton, FL 33431 Boca Raton, FL 33431

3. 11/14/2014 4. L14000177414
Date of filing/registration in Florida Document number

5. (a) VCORP SERVICES, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1200 S PINE ISLAND ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

3458 Lakeshore Drive
NEW Registered Office Address

Tallahassee, FL 32312

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

Eli Tisser

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] Louise Breytenbach on behalf of InCorp Services, Inc.
Signature of Registered Agent

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

FILING FEE: \$25.00

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