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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Elvine Bernier Agency Ll C Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Elgine D Bernier Name of Person						
Firm/Company						
1347 ARMORY DR NE Address						
Palm Bay FL 32907 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Flaine Bennies at (32) 3275025 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 Control of Corporations Clifton Building Cli						

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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:	Bernier	Agency LL	2
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>13 47</u>		
	1347 Armony DR DE Palm Bay 71 32907	P a1	m Bay TI	32107
3.	Date of filing/registration in Florida	<u>L15</u>	Document number	-
5. (a	Registered Agent and Registered Office shown on the records of Registered Office Address MUST BE FLORIDA STREET	the Florida Dept. of State	- :: -	
(b)	Elaine D Bernier	32301		
	Enter name of NEW Registered Agent and/or NEW Registered 3 7 1 2 3		TÄLLAHASSEE.	15 OCT 28 P
	Palm Bay, F	32907	FLORIDA	₩ :: 03
the ch agent was/w the ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members tickes of organization or the operating agreement of the	f the registered office iability company, it is of the limited liability	e and the business office is hereby confirmed that t y company or as otherwise	of the registered the change(s)
Sign	ature of a member or authorized representative of a member	Elaine	Printed or typed name of sign	<u>e</u> R
provis the ob to me	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ree to act in this cape e performance of my e ed for in Chapter 605 hereby confirm that	acity. I further agree to duties, and I am familiar f, F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed cany has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent