

L15000137628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

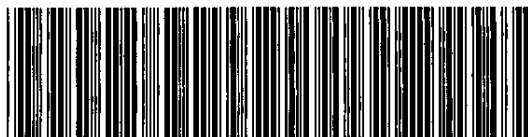
(Business Entity Name)

(Document Number)

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S. WARREN

JUL 03 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Insurance Concepts, LLC

Signature _____

Requested by: Seth _____

06/28/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

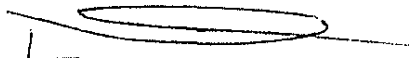
Statement of Change of Registered Agent for a Limited Liability Company

Pursuant to the provisions of Section 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered agent in the State of Florida

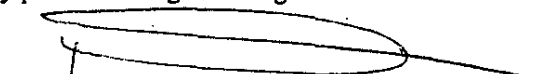
1. Name of the limited liability company: **Florida Insurance Concepts, LLC**
2. (a) Principal office address of limited liability company:
**1648 SE Port St. Lucie Boulevard
Port St. Lucie, FL 34952**
- (b) Mailing address of limited liability company:
**1648 SE Port St. Lucie Boulevard
Port St. Lucie, FL 34952**
3. Date of filing in Florida: **August 14, 2015**
4. Document number: **L15000137628**
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
**Katherine L. Pass
1648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952**
- (b) Name of New Registered Agent and New Registered Office Address:
**David L. Bessette
1648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952**

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It is hereby confirmed that the changes 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.


David L. Bessette

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 of the Florida Statutes.


David L. Bessette