

9/27/2018

Division of Corporations

L15000167883

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
INDEPENDENT INSURANCE CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
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2018 SEP 27 AM 11:53  
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TALLAHASSEE, FL

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U.S.  
928-18

**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: Independent Insurance Consulting, LLC

2. (a) 548 12TH AVENUE SOUTH (b) 548 12TH AVENUE SOUTH

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

NAPLES, FL 34102

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

NAPLES, FL 34102

10/02/2015

Date of filing/registration in Florida

L15000167883

4.

Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINDING OAK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE A

TAMPA, FL 33612

(b) Registered Agents Inc.

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

3030 N. Rocky Point Dr.

NEW Registered Office Address.

STE 150A

Tampa, FL 33607

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**TALLAHASSEE, FL**

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.

Riley Park

Signature of a member or authorized representative of a member

Riley Park

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.*

Bill Havre

Bill Havre -President

Signature of Registered Agent

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