417000005993

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 20111), 112110,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

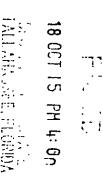
Office Use Only



600319231416

10/17/18--01046--028 **25.00

CT/(TOT)/(TO



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUSAN RITTER INSUCANCE 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:
Susan Ritter Name of Person
Susan Ritter Insurance Firm/Company
11815, Sumpter Blvd Unit 347
North Port, FL 34287 City/State and Zip Code
L Sysan, ritter 1 @ a mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Ritter at (941) 587-6343 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 & Certified Copy
INHS18 (2/14)

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

rioriaa.			
1. Name of the limited liability company	:Susan Rit	ter Insurance	. LC
2. (a) <u>X</u>	(b)	<u> </u>	
Principal office address of limited (Note: MUST BE STREET		Mailing address of limited liabi (Note: MAY BE POST OF I	
		101 C Sumple	CRIVA IL
x 1181 S. Sumpt	1 1247	1815. Suny	_ DIVO DI
North Port, H	Un+347 _A	Jorth Port, EL	34287
i I	34287	1 0	
192017		<u> 4170000059</u>	95
3. Date of filing/registration	in Florida 4.	Document number	
5. (a) Monica Adar			
Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of	[State:	
	FLORIDA STREET ADDRESS)		
<u>12687 SW (c</u>	runty Bd 769		
LariSuzy	FL3426°	1	
		至约	18
x (b) Susan Kitte	<u> </u>		300
Enter name of NEW Registered Agent ar	id/or NEW Registered Office address;	II	-5
1181 < Sumn	ter Blvd Unit 3	47 m	OCT 15 PH 4: 07
NEW Registered Office Address:	<u> </u>	<u></u>	
north Port	FL_3428°	7_	
If the limited liability company is not orga	anized under the laws of the State of	of Florida, it is hereby confire	ned that after
the change or changes are made, the Flori agent will be identical. Or, in the case of	da street address of the registered (office and the business office	of the registered
was/were authorized by an affirmative vo	te of the members of the limited ha	ibility company or as otherwi	se provided in
the articles of organization or the operatir	ig agreement of the limited hability	77.11	
Signature of a member or authorized representati	ive of a member	Susan Kitter Printed or typed name of sig	mee
the state of the s	sound arous and agree to got in this	capacity. I further agree to	comply with the
provisions of all statutes relative to the provisions of all statutes relative to the properties of the obligations of my position as registered to merely reflect a change in the registered for the control of the change in the registered for t	roper and complete performance of ed agent as provided for in Chapte	f my duties, and I am familiar r 605, F.S Or, if this docum	with and acceptent is being filed
to merely reflect a change in the registere notified in writing of this change.	ed office address. I héreby confirm	that the limited liability com	vany has been
Stoo Will			
Signature of Registered Agent			