

L17000014598

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Front Point Insurance Management 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:

Elvia C Castellanos

Name of Person

Front Point Insurance Management LLC

Firm/Company

4272 SW Tumble Street

Address

Port St Lucie FL 34953

City/State and Zip Code

fpimfl@gmail.com

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

For further information concerning this matter, please call:

Elvia C Castellanos at (772) 249-2030
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

☐ \$55 Filing Fee & Certified Copy

**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: Front Point Insurance Management LLC

2. (a) 850 NW Federal (b) 850 NW Federal Hwy

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Stuart FL 34994

Stuart FL 34994

01/18/2017

L17000014598

3. Date of filing/registration in Florida

4. Document number

5. (a) William Belliard

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

850 NW Federal Hwy

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Stuart, FL 34994

(b) Elvia C Castellanos

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

4272 SW Tumble Street

NEW Registered Office Address:

Port St Lucie, FL 34953

FILED
2017 FEB 14 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

William Belliard
Signature of a member or authorized representative of a member

William Belliard

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.

Elvia C Castellanos
Signature of Registered Agent