

L17000035106

(Requestor's Name)

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(City/State/Zip/Phone #)

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◆ FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL. 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: \$25. 00

Authorization Signature: *[Signature]*

PROTECTIM HOLDINGS LLC L17000035106

Business Name

Document #

Walk in

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___ Will wait

___ Photocopy

___ Certified Copy (s)

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ **CORP**

AMMENDMENTS

___ ☒ Amendment
___ Resignation of R.A. Officer/Director
___ ☒ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ **Conversion**
___ Articles of Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ ARTICLES OF CORRECTION

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL() ___
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROTECTIM HOLDINGS, 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:

ALEXANDRA MEINGASNER

Name of Person

PROTECTIM HOLDINGS, LLC

Firm/Company

220 NW Corporate Blvd., Suite 407 PMB 1090

Address

Boca Raton, FL 33431

City/State and Zip Code

wheateap@zoho.com

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

For further information concerning this matter, please call:

ALEXANDRA MEINGASNER

at (954)

418-2404

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PROTECTIM HOLDINGS, LLC

2. (a) 220 NW Corporate Blvd., Suite 407 PMB 1090
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Boca Raton, FL 33431

(b) 220 NW Corporate Blvd., Suite 407 PMB 1090
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Boca Raton, FL 33431

3. February 13, 2017
Date of filing/registration in Florida

4. 117000035106
Document number

5. (a) Protectim Insurance Services, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2200 NW CORPORATE BLVD, SUITE 407 PMB 1090

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Boca Raton, FL 33431

(b) Alexandra Meingasner

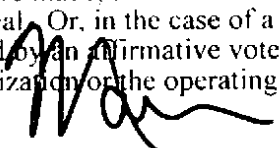
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

200 NW CORPORATE BLVD, SUITE 407 PMB 1090

NEW Registered Office Address:

Boca Raton, FL 33431

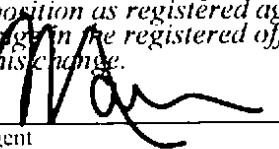
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Alexandra Meingasner

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.


Signature of Registered Agent

FILED
2022 SEP 20 AM 11:07
TALLAHASSEE, FL
SECRETARY OF STATE