1170000 44231

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





100305013981

10/30/17--01035--003 **25.00

17 OCT 30 AH 7: 23
SEGREFARY OF STATE
PALLAHASSEE, FLORING

COVER LETTER

TO:	Registratio Division o	n Section f Corporations		
SUBJI	Halfi	ax Insurance Partner	s, LLC	
			ame of Limited I	Liability Company
Dear S	ir or Madan) :		
The en	closed Regi	stered Agent/Registered (Office Change an	d fec(s) are submitted for filing.
Please	return all co	rrespondence concerning	this matter to the	e following:
Corne	elius T. Wa	alker JR		
		Name of Person		 .
Halifa	x Insuran	ce Partners, LLC		
· · ·		Firm/Company		
1540	Cornersto	ne Blvd, Ste 200		
		Address		
Dayto	na Beach	, FL 32117		
		City/State and Zip Code	e	
email	@hipflorid	a.com		
E	i-mail addre	ss: (to be used for future a	unnual report not	itication)
For fur	ther informa	ntion concerning this matt	er, please call:	
Richa	rd Cooper		386	677-4761
	N:	ame of Person	,	Area Code & Daytime Telephone Number
	Registration Division of Clifton But 2661 Exec	f Corporations	R D P	IAILING ADDRESS: egistration Section division of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed	s a check for the followi	ing amount:	-
INHST	☑ \$25 Fili 8 (2/14)	ng Fee	<u>.</u>	\$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.

2. (a)			b)					
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	•			
	1540 Cornerstone Blvd, Ste 200		1540 Cd	ornerstone Blvd, Ste 200	,			
	Daytona Beach, Fl 32117		Daytona	a Beach, FL 32117				
	02/28/17		L170000)44231				
3.	Date of filing/registration in Florida	4.		Document number				
s. (a)				_				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Cornelius T. Walker Jr							
	Registered Office Address (MUST BE FLORID 4 STRI	ET .(DDRES	Sį	_				
	Registered Office Address (MUST BE FLORID & STRI 1400 Hand Ave, Ste D	EET .(DDRES	<u> </u>	- IĀL				
	· · · · · · · · · · · · · · · · · ·	<u>SET (DDRES</u> .FL 32174		17 oc Segre Tajllah				
	1400 Hand Ave, Ste D			17 OCT 30 SECREJAI TALLAHAS	د مده			
(b)	1400 Hand Ave, Ste D Ormond Beach	. FL <mark>32174</mark>	ļ	17 OCT 30 A SEGREJARY I TAJLLAHASSEI	for start language for			
(b)	1400 Hand Ave, Ste D	. FL <mark>32174</mark>	ļ	17 OCT 30 AM SECRETARY OF FALLAHASSEE, F	Control of the contro			
(b)	1400 Hand Ave, Ste D Ormond Beach	. FL <mark>32174</mark>	ļ	17 0CT 30 AH 7: 2 SECRETARY OF STATE TALLAHASSEE, FLOR	\$ 1.00 mg			
(b)	1400 Hand Ave, Ste D Ormond Beach Enter name of NEW Registered Agent and or NEW Registered Agent and New Registered Agent Agen	. FL <mark>32174</mark>	ļ	17 OCT 30 AH 7: 23 SECRENARY OF STATE FALLAMASSEE, FLORIDA				
(h)	1400 Hand Ave, Ste D Ormond Beach Enter name of NEW Registered Agent and or NEW Registered Agent and New Registered Agent	. FL <mark>32174</mark>	ļ	AH 7: 22 Y OF STA CE. FLOR				

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.

Richard Cooper

Signature of a member or authorized representative of a member

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