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COVER LETTER

TO: Registration Section
Division of Corporations

Gulf Coast Insurance Solutions, LLC

SUBJECT: _____
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:

Stacie Arrasmith

Name of Person

Gulf Coast Insurance Solutions, LLC

Firm/Company

5564 East Bay Blvd

Address

Gulf Breeze, FL 32563

City/State and Zip Code

gulfcoastinsurancesolutions@gmail.com

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

For further information concerning this matter, please call:

Stacie Arrasmith

707

718-5204

at ()

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.

Gulf Coast Insurance Solutions, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

5564 East Bay Blvd

Gulf Breeze, FL 32563

Mailing address of limited liability company:

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

5564 East Bay Blvd

Gulf Breeze, FL

April 27, 2018

L 18000106609

3. _____ 4. _____

Date of filing/registration in Florida

Document number

United States Corporation Agents Inc

5. (a) _____

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

United States Corporation Agents Inc

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

13302 Winding Oak Court Suite A

Tampa

33612

, FL

(b) _____

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

Stacie Arrasmith

NEW Registered Office Address:

5564 East Bay Blvd

Gulf Breeze

32563

, 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.

Stacie Arrasmith
Signature of a member or authorized representative of a member

Stacie Arrasmith
Printed or typed name of signer

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.

Stacie Arrasmith
Signature of Registered Agent