

L18000109805

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V. Smith
in/12/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMS Insurance 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:

Kelly Berry

Name of Person

Hahn Loeser & Parks LLP

Firm/Company

200 Public Square, Suite 2800

Address

Cleveland, Ohio 44114

City/State and Zip Code

kberry@hahnlaw.com

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

For further information concerning this matter, please call:

Kelly Berry

216

274-2368

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

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**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: DMS Insurance Holdings, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

10303 Brecksville Road

Brecksville, OH 44141

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

10303 Brecksville Road

Brecksville, OH 44141

05/01/2018

118000109805

3. Date of filing/registration in Florida

4.

Document number

5. (a) Mona Baumgartner

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

17503 Edinburgh Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa

FL 33647

(b) HL Statutory Agent, Inc.

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

5811 Pelican Bay Blvd., Suite 650

NEW Registered Office Address:

Naples

FL 34108

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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.

D. Michael Sherman
Signature of a member or authorized representative of a member

D. Michael Sherman, Manager

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.

James L. Seabold
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00