

L18000147954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

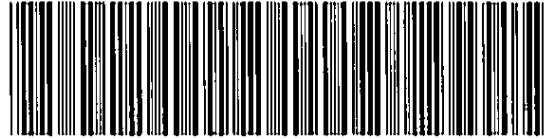
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300369136523

STATE  
OFFICE  
JUL 1 10 08 AM '19

RECEIVED  
2021 JUN 31 AM 11:39  
TALLAHASSEE, FLORIDA

JUL 1 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 887151 8276222

AUTHORIZATION :

*Eylien Baker*

COST LIMIT : \$ 25,000

-----  
ORDER DATE : June 30, 2021

ORDER TIME : 4:05 PM

ORDER NO. : 887151-005

CUSTOMER NO: 8276222  
-----

CHANGE OF AGENT

NAME: YOUR MEDICARE ADVOCATES  
INSURANCE AGENCY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Your Medicare Advocates Insurance Agency, 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:

Corporation Service Company  
\_\_\_\_\_

Name of Person

YOUR MEDICARE ADVOCATES INSURANCE AGENCY LLC  
\_\_\_\_\_

Firm/Company

8920 DOVE VALLEY WAY  
\_\_\_\_\_

Address

CHAMPIONSGATE, FL 33896  
\_\_\_\_\_

City/State and Zip Code

LYNNECLAUSEN@GMAIL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

LYNNE CLAUSEN \_\_\_\_\_ 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.*

1. Name of the limited liability company: Your Medicare Advocates Insurance Agency, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>8920 Dove Valley Way</u> <u>Champions Gate, FL 33896</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>8920 Dove Valley Way</u> <u>Champions Gate, FL 33896</u>
---	---

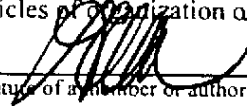
3. <u>06/15/2018</u> Date of filing/registration in Florida	4. <u>L18000147954</u> Document number
--	---

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)  
5575 S. Semoran Blvd., Suite 36  
Orlando, FL 32822

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

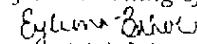
FILED  
JUN 15 2018  
TALLAHASSEE  
FL  
11 AM 8:19  
ED

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

LYNNE CLAUSEN, OWNER  
\_\_\_\_\_  
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