L18000153336

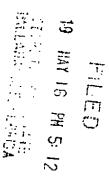
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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O SIMMONS
JUN 03 2019

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	MWD MEDICARE INSURA	NCE CHOI	CES, LLC		
.,0170170		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning th	is matter to th	ne following:		
Michae	l W. Dellwo				
	Name of Person				
MWD	Medicare Insurance Choices, LL	С			
	Firm/Company				
3617 V	Vildcat Run				
	Address		 .		
Lakela	nd, FL 33810				
	City/State and Zip Code				
del338	03@gmail.com				
E-r	mail address: (to be used for future am	iual report no	iification)		
For furth	ner information concerning this matter	, please call;			
Michae	I W. Dellwo	863 at (859-9059		
	Name of Person		Area Code & Daytime Telephone Nun		
] {	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	} }	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
1	Enclosed is a check for the following	g amount:			
į	☑ \$25 Filing Fee	ü	\$55 Filing Fee & Certified Copy		
INHS18 (2/14)				

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. N	ame of the limited liability company: MWDMEDICA	ARELINSURANCE CH	HOICES,_LLC			
2. (a)	_3617_Wildcat_Run	(h) 3617 l				
. (.,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _3617_Wildcat_Run			
	Lakeland, FL 33810	Lakela	and, FL 33810			
						
	0.6/22/2018	L1800015	3336			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Registered Agents, Inc. Registered Agent and Registered Office shown on the records o	I the Florida Dept, of State	- e:			
	7901_4th_Street_North_ Registered Office Address	"ADDRESS)	_			
	Suite_300					
	StPetersburgF	133702				
(b)	Michael_WDellwo Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	· · · · · · · · · · · · · · · · · · ·			
	3617_Willdcat_Run <u>NEW</u> Registered Office Address:		· ·	HAY 16 PH 5:		
			>= 1	: 12		
	Lakeland	L_33810	•			
agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an aftirmative vote of the members icles of organization or the operating agreement of the Millian Wallow ture of a member or authorized representative of a member	of the registered office inhility company, it is of the limited linhility	and the business of s hereby confirmed the y company or as othe apany.	fice of the registered hat the change(s) crwise provided in		
the obs to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is myriting of this change. The of Registered Agent	ree to act in this cape gerformance of my e ed for in Chapter 605 hereby confirm that i	and the transfer of			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00