LIAM 325 978

(Requestor's Name)	
(Address)	8C
(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



800334353998

***** # 35

RARDIC

OCT () 3 2019 I ALBRITTON

COVER LETTER

	Registration Section Division of Corporations	٠٠.			
SUBJEC	We Insure Citrus LLC				
		Name of Limited Liability Company			
Dear Sir	or Madam:		•		
The encl	losed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this	matter to the	following:		
David \	Walls				
	Name of Person				
We Ins	sure Citrus LLC				
	Firm/Company				
675 E.	Irene Lane				
-	Address				
Citrus	Springs, FL. 34434				
	City/State and Zip Code	-			
david.v	valls@DewInsurance.com				
E-r	nail address: (to be used for future annu	al report notif	cation)		
For furth	ner information concerning this matter, p	olease call:			
David V	Walls	352	217-1000		
	Name of Person	_ ar (Area Code & Daytime Telephone Number		
5	STREET/COURIER ADDRESS:	M	AILING ADDRESS:		
I	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Fallahassee, Florida 32301	Tal	lahassee, Florida 32314		
J	Enclosed is a check for the following a	ımount:			
Ç	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18 ((2/14)				

LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida. We Insure Citrus LLC Name of the limited liability company: (b) 675 E. Irene Lane Citrus Springs F 675 E. Irene Lane, Citrus Springs, FL. 34434 Principal office address of limited liability company: Mailing address of limited liability con-(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE B 9/6/2019 L19000225978 3. Date of filing/registration in Florida Document number D&D Insurance LLC 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 675 E. Irene Lane Citrus Springs, FL. 34434 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) , FL DAVID E. WALLS Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 675 E. Irene Lane FI 34434 Citrus Springs If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the re agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anothe obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO

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

Signature of Registered Agent