

121000486425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

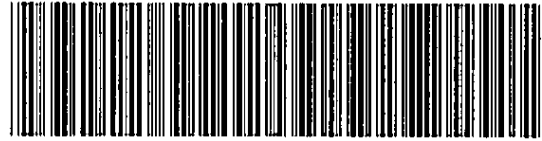
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700377931177

12/13/21--01025--024 **25.00

FILED

2021 DEC 13 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Change

JAN 13 2022

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kimberlee Stuart - Goosehead Insurance, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberlee Stuart

Name of Person

Kimberlee Start - Goosehead Insurance, LLC

Firm/Company

159 Hampton Point Drive, Suite 4

Address

St Augustine, FL 32092

City/State and Zip Code

kimberleestuart82@gmail.com

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

FILED
2021 DEC 13 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kimberlee Stuart

336 314-9922
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

SECRET
2021 DEC 13 AM 11:11 PM
RECEIVED
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 8 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee