

L22000240439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

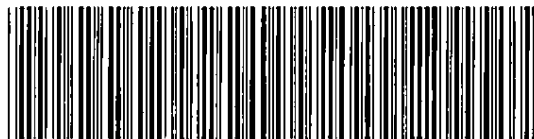
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10 10 23 - 01022 - 014 \$25.00

2023 OCT 10 PM 2:32

Via



October 5th, 2023

BY USPS

Florida Department of State
Registration Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered agent
Rockstar Insurance LLC

Dear Sir/Madam:

Please find the Statement of Change of Registered Agent as well as a check in the amount of \$25.00 for the above referenced entity.

Once filed please return a copy of the filed forms by mail using the self-addressed envelope provided or by email to sosfilings@3hcs.com.

Please reach out to us by phone at 518-583-0639 or by email at kevin.kennedy@3hcs.com with any questions.

Best regards,



Kevin Kennedy
Corporate Compliance Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKSTAR INSURANCE 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:

Kevin Kennedy

Name of Person

3H Corporate Services, LLC

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

sosfilings@3hcs.com

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

For further information concerning this matter, please call:

Kevin Kennedy at (518) 583-0639 x 133

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: ROCKSTAR INSURANCE LLC

2. (a) 4301 W. BOY SCOUT BLVD., SUITE 170 (b) 4301 W. BOY SCOUT BLVD., SUITE 170

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

TAMPA, FL 33607

TAMPA, FL 33607

06/02/2022

L22000240439

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENTS INC.

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

(b) 3H Agent Services, Inc.

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

1415 Panther Lane, Suite 327

NEW Registered Office Address:

Naples, FL 34109

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

Kevin Kennedy

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.

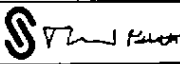
Signature of Registered Agent

ROCKSTAR INSURANCE LLC
REVOCABLE POWER OF ATTORNEY

Rockstar Insurance LLC (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell T. Belch, Esq., Kevin Kennedy, and Natalie White of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes and Member and Manager changes that must be filed by the Company with the Secretary of State, Department of Insurance, and/or Department of Taxation (or analogous state offices thereof) of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, Kennedy, and Ms. White of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: 10/05/2023


signature001cb72b-6058-4b9a-b829-2853caba77b2

Name: Tom Blatta

Title: Agency Manager



Document Certificate

Document Information

Document Name	060 - POA
Document Id	651c57793e91d478e8196991
Reference Id	651c57793e91d478e8196991-651c57aaca306f368e7f7fc4
Status	COMPLETED
Date Complete	Thu, October 05, 2023 12:03:52 -04:00
Sender	Rachael Barker [rachael.barker@commainsurance.com]
Document Checksum	04c6a47aa7f1fb098e85fbe9744cf026

Document Signature History



Tom Blattau

Email Address	tomblattau@leader1.com
IP Address	173.169.37.136
Date Signed	Thu, October 05, 2023 12:03:51 -04:00
Authentication Method	Email
Location	N/A
Device	Windows 10 (Computer) Chrome 11 117.0.0.0
Signature Id	signature001cb72b-6056-4b9a-b829-2853eeba77b2
Disclosure Consent	Granted Mon, March 27, 2023 19:05:49 +00:00
