

L24000060801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

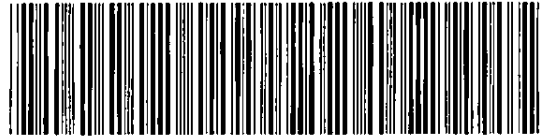
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJG INSURANCE ADVISORS, 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:

Marc Goldman

Name of Person

MJG INSURANCE ADVISORS, LLC

Firm/Company

5046 Kensington Circle

Address

Coral Springs, FL 33076

City/State and Zip Code

admin@mjginsuranceadvisors.com

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

For further information concerning this matter, please call:

Marc Goldman

954

790-0883

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

2021 OCT -7 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Recd.
9/1*

August 23, 2024

MARC GOLDMAN
5046 KENSINGTON CIRCLE
CORAL SPRING, FL 33076

SUBJECT: MJG INSURANCE ADVISORS, LLC
Ref. Number: L24000060801



We have received your document for MJG INSURANCE ADVISORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 124A00018903

**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: MJG INSURANCE ADVISORS, LLC

2. (a) Principal Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

5046 Kensington Circle

Coral Springs, FL 33076

(b) Mailing Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5046 Kensington Circle

Coral Springs, FL 33076

02/01/2024

L24000060801

3. Date of filing/registration in Florida

4. Document number

5. (a) Marc Goldman

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3210 N University Dr. Ste.302

Coral Springs, FL 33065

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

Marc Goldman

NEW Registered Office Address:

5046 Kensington Circle

Coral Springs, FL 33076

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

Marc Goldman

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

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