124000136401

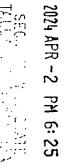
| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| (Address) | | | | | | | | |
| | | | | | | | | |
| (Address) | | | | | | | | |
| | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 mils | | | | | | | | |
| | | | | | | | | |

Office Use Only



500426924475

04/02/24-+01038--018 ++25.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------|---|--------------------------------|------------|---|
| SUBJE | ECT: Eagle Nest Insurance LLC | | | |
| | N | lame of Li | imited L | iability Company |
| Dear S | ir or Madam: | | | |
| The en | closed Registered Agent/Registered C | Office Cha | nge and | fee(s) are submitted for filing. |
| Please | return all correspondence concerning | this matte | er to the | following: |
| Trace | ey Koerner | | | |
| | Name of Person | | | |
| Eagle | Nest Insurance LLC | | | |
| | Firm/Company | | | |
| 322 E | . Central Blvd Unit 504 | | | |
| | Address | | | |
| Orlan | do, FL 32801 | | | |
| | City/State and Zip Code | : | | |
| tkoerr | ner02@gmail.com | | | |
| | -mail address: (to be used for future a | nnual rep | ort notifi | cation) |
| For fur | ther information concerning this matte | er, please | call: | |
| Trace | y Koemer | at (| 407 | ₎ 476-1256 |
| | Name of Person | | | Area Code & Daytime Telephone Number |
| | Mailing Address: | | | Street Address: |
| | Registration Section | | | Registration Section |
| | Division of Corporations | | | Division of Corporations |
| | P.O. Box 6327 | | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following | ng amour | nt: | |
| | S 25 Filing Fee | 55 Filing Fee & Certified Copy | | |
| INHS18 | 3 (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: Eagle Nest I | nsurance | LLC — | | | | |
|---------------------------|---|--|--|---|-------------------------|---------------|--|
| 2. (a) | 322 E. Central Blvd Unit 504 | ሴ | 322 E. Ce | ntral Blvd Unit 504 | | | |
| (-7) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (- | Ma | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Orlando, FL 32801 | | Orlando, F | L 32801 | | | |
| | 03/19/2024 | | L24000136 | 3407 | | • | |
| 3, | Date of filing/registration in Florida | 4. | | ocument number | | | |
| 5. (a) | United State Corporation Agents, Inc. | | | | | | |
| J. (a, | Registered Agent and Registered Office shown on the records | of the Florida | Dept, of State: | | | | |
| | 476 Riverside Ave. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | <u> </u> | | | | | |
| | | | | | | | |
| | Jacksonville, | FL_32202 |) | | | | |
| (b) | Tracey Koerner | | <u> </u> | 202 | | | |
| | Enter name of NEW Registered Agent and/or NEW Register | dress: | | 2024 APR | 77 | | |
| | 322 E. Central Blvd Unit 504 | | | -2 | (4000) | | |
| | NEW Registered Office Address: | | | , - | PM | m | |
| | | | | ; ,; | | | |
| | Orlando | _{FL} 32801 | | ; <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u> | 25 | | |
| chang agent was/w | limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of arganization or the operating agreement of the | laws of the the registere liability co | State of Floried office and tompany, it is hitted liability of | the business office of tereby confirmed that company or as otherw | the regist the chang | ered ge(s) | |
| . 1 | an Boune | | cey Koerner | | | | |
| Signa | ature of a member or authorized representative of a member | | P | rinted or typed name of si | ignee | | |
| provis the ob tomer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely rely reflect a change in the registered office address, d in writing of this change. | ite nertorma | ance of my du | ties, and I am tamula | ir wiln ani | a accent | |
| Signati | ure of Registred Agent | | | | | | |