

L99000006175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

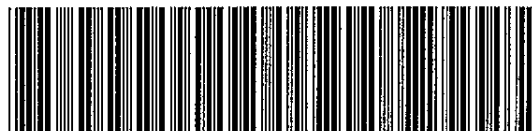
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC - 3 2003

US CorpWorks Inc.
An Operating Affiliate of NRAI
3500 East 17th Avenue
Denver, CO 80206
888.967.5799 Fax 303.393.8900
stillapaugh@uscorpworks.com

November 18, 2003

Via US Mail
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Evolution Insurance Brokers of Florida, L.L.C.

Dear Madam/Sir:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason the filings can not be made.

Thank you for your time and consideration in this matter

Sincerely,



Sabrina Tillapaugh

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Evolution Insurance Brokers of Florida, L.L.C.
2. The mailing address of the limited liability company is : _____
8722 South 300 West, 2nd Floor, Sandy, UT 84070

September 27, 1999

L99000006175

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

James Burt

Name

1131 North Dixie Freeway

Address

New Smyrna Beach, FL 32168

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

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)

F. Darrell Lindsey, Manager

(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 608, 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.
NRAI Services, Inc.

(Signature of Registered Agent)

Michael Mirrone, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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