

## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000251136 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

## REGISTERED AGENT CHANGE

PARTNERS SPECIALTY GROUP, LLC

Certificate of Status	. 0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

## 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.

ī.	Na	me of the limited liability company: Partners Spe	cialty Group, LLC	-		
2.	(a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: <u>Bentwood Executive Campus</u> 301 E. Germantown Pike, Suite 402 Norristown, PA 19401			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Bentwood Executive Campus 301 E. Germantown Pike, Suite 402 Norristown, PA 19401	8 <u>0</u> 8		
12	/14/	PANA	Maaaaaa			
		te of filing/registration in Florida	M0000002619  4. Document númber	<u> </u>		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
		Registered Agent:	Janet C McDonald	5		
		Registered Office Address:	6940 SE Congress Hobe Sound, FL 33455 US			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  C T Corporation System				
		NEW Registered Office Address:	1200 South Pine Island Road			
(MUST BE FLORIDA STREET ADDRESS)		MOST BE FLORIDA STREET ADDRESS	Plantation ,FL 333	24		
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 officerwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a nearly to oppose a provided representative of a member)						
()	disted	P. McDonnell arityped name of signes)	<del></del>			
T. 4		by accept the appointment as registered agent at whith the provisions of all statutes relative to the niliar with and accept the obligations of my positor, if this document is being filed to merely reflect in that the limited liability company has been not that the limited liability company has been not make the configuration between the limited liability company has been not make the limited liability to make the limited liability of make the liability of	' WILL E. HOU ZAAN	igree to duties, and I Chapter 608, I hereby		
,		V	Special Assistant Socretary			

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