

MO1 0000000220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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2012 NOV 19 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

NOV 20 2012

EXAMINER

November 16, 2012

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **CURTIS INSURANCE, LLC**

Dear Sir or Madam:

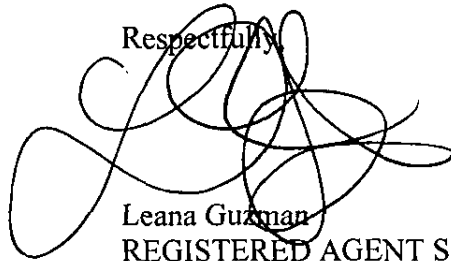
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Leana Guzman  
REGISTERED AGENT SOLUTIONS, INC.

2012 NOV 19 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

FILED

**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. Name of the limited liability company: CURTIS INSURANCE, LLC

2. (a) Principal office address of limited liability company: 46 PUBLIC SQUARE

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

STE 400  
WILKES-BARRE PA 18701

(b) Mailing address of limited liability company: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

01/29/2001  
3. Date of filing/registration in Florida

M01000000220  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CAPITAL CONNECTION, INC.

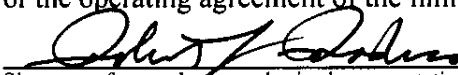
Registered Office Address: 417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

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

**NEW** Registered Agent: Registered Agent Solutions, Inc.


**NEW** Registered Office Address: 155 Office Plaza Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite A  
Tallahassee

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

Robert J. Radics  
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.*

  
Signature of Registered Agent

Art Flores, Asst. Secretary

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