

3/20/2015 11:42:55 From To: 8505176383

(1/3)

Division of Corporations

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**Florida Department of State
Division of Corporations
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.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE**ASSURANCEAMERICA MANAGING GENERAL AGENCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
15 MAR 20 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

FILED
15 MAR 20 PM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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CRM
3-23-15

3/20/2015 11:42:55 From: To: 8506176383

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assurance/American Managing General Agency, 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:

Mark Hain

Name of Person

Assurance/American Corporation

Firm/Company

5500 Interstate North Parkway, Suite 600

Address

Altamun, GA 30328-4691

City/State and Zip Code

mhain@assurance.com

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

For further information concerning this matter, please call:

Mark Hain

at (770)

952-0200 ext 259

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 15 MAR 20 PM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

3/20/2015 11:42:55 From: To: 8506176383

(3/3)

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: AssuranceAmerica Managing General Agency, LLC
2. (a) Principal office address of limited liability company:
(New: MUST BE STREET ADDRESS)
5500 Interstate North Pkwy, Suite 600 Atlanta
Atlanta, GA 30328
- (b) Mailing address of limited liability company:
(New: MAY BE POST OFFICE BOX)
5500 Interstate North Pkwy, Suite 600 Atlanta
Atlanta, GA 30328
3. Date of filing/registration in Florida
10/22/2004
4. Document number
M04000004540
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301

- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

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

Mark Hain

Printed or typed name of signer

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.

By: CT Corporation System

Ernest Krumov Asst. Secretary

Signature of Registered Agent

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

DNH518 (2/14)

FORM - 03/04/2014 Wayne E. Baker, Director

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15 MAR 20 PM 11:12
STATE
TALLAHASSEE, FLORIDA