

1106000005293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

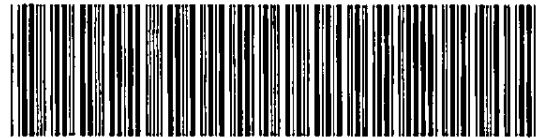
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302284427

08/11/17--01021--025 **25.00

FILED
2017 AUG 16 PM 2:18
SECRETARY OF STATE
HALLAMSBURG ORID

K. SALY

AUG 18 2017



2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date:	August 08, 2017	AE	Emily Smith
TO:	Registration Section Division of Corporations	H1039	REFERENCE 1088881
	CLIFTON BUILDING		
	2661 EXECUTIVE CENTER CIRCLE		
	TALLAHASSEE, FL 32301		

FAX.

PLEASE PERFORM THE FOLLOWING:

DUBRAKSKI & ASSOCIATES INSURANCE SERVICES LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	655925	Registration Section Division of Corporations	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Emily Smith TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dubraski & Associates Insurance Services 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:

Emily Smith

Name of Person

Paracorp Incorporated

Firm/Company

PO Box 160568

Address

Sacramento, CA 95833

City/State and Zip Code

paracorp@myparacorp.com

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

For further information concerning this matter, please call:

Emily Smith at (888) 280.6563

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

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: Dubraski & Associates Insurance Services, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

11622 El Camino Real, Suite 100

San Diego, CA 92130

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11622 El Camino Real, Suite 100

San Diego, CA 92130

9/25/2006

M06000005293

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301-2525

(b) Paracorp Incorporated

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, 1st Floor

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Mike Christian
Signature of a member or authorized representative of a member

Mike Christian, Manager

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.

Milton Vong
Signature of Registered Agent

Milton Vong, Assistant Secretary for Paracorp Incorporated

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

FILING FEE: \$25.00

FILED
2011 AUG 16 PM 2:18
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA