

**M07000001571**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

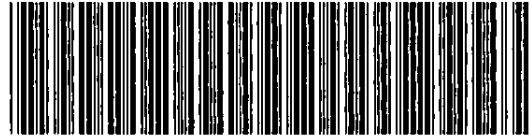
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 OCT -4 AM 11:29

C. LEWIS  
SEP 20 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2012

GREGORY D. HARDY / SOLUTIONS INSURANCE SERVICES, LLC  
1301 E. OAKLAND PARK BLVD.  
OAKLAND PARK, FL 33334

SUBJECT: SOLUTIONS INSURANCE SERVICES, LLC  
Ref. Number: M07000001571

We have received your document for SOLUTIONS INSURANCE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 912A00023632

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Solutions Insurance Services, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory D. Hardy

Name of Person

Solutions Insurance Services, LLC

Firm/Company

1301 E. Oakland Park Blvd.

Address

Oakland Park, FL 33334

City/State and Zip Code

ghardy@solutionsinsuranceservices.com

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

For further information concerning this matter, please call:

Gregory D. Hardy

Name of Person

at ( 954 )

839.6375

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**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.*

**Solutions Insurance Services LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

1301 E. Oakland Park Blvd  
Oakland Park, FL 33334

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

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

03/15/2007

M07000001571

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Gregory D. Hardy

Registered Office Address:

1940 NW 32nd Court  
Oakland Park, FL 33309

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

**NEW** Registered Agent: \_\_\_\_\_


**NEW** Registered Office Address: \_\_\_\_\_

**(MUST BE FLORIDA STREET ADDRESS)**

1301 E. Oakland Park Blvd

Oakland Park, FL 33334

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

Printed or typed name of Gregory D. Hardy

*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

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

FILED STATE  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
2012 OCT-4 AM 11:29