Modo	2000547
(Requestor's Name) (Address) (Address)	100293035171
(City/State/Zip/Phone #)	100293035171 12/16/1601025010 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 DEC 16 PH
Special Instructions to Filing Officer:	
Office Use Only	
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CORPORATION SERVICE COMPANY'

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

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TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 14, 2016

Order#: 409867-010

Re: FCIG INSURANCE AGENCY, LLC

Enclosed please find:

XX ____ Change of Registered Agent and Office. XX ____ Check in the amount of \$25___.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
<u>XX</u> Issue Proof of Filing.
<u>XX</u> Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: FCIG INSURAN	NCE AGE	ENCY, LLC				
2.	(a)	1090 Kensington Park Drive, #2000	(t))				
	C ¹ <i>y</i>	Principal office address of limited liability company:		N	Mailing address of limited liability company:			
		(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE PO	<u>OST OFF</u>	ICE BO	<u>)X</u>)
					· · · · · · · · · · · · · · · · · · ·	·		
		Altamonte Springs, FL 32714						
		09/11/2007	_	M070000	05471			
3.		Date of filing/registration in Florida	4.		Document numbe	r		
5.	(a)	Corporations Depot						
		Registered Agent and Registered Office shown on the records of		a Dept. of State	:			
		240 NW Peacock Boulevard						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>5)</u>				
		Suite 102						
		Port Saint Lucie , FL		6				
							·	
	(b)	Corporation Service Company					9	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:		т. Т.	DEC	
						ASSEE, FLORI	6	: "
		1201 Hays Street				m _e		·
		<u>NEW</u> Registered Office Address:				F.	H HS	, i . ,
							-بان -با	
							4	
		Tallahassee, FL	32301					
IF	ha li	mited liability company is not organized under the law	us of the	State of Fla	uida it is basebu a		d that	ofton
the	e cha	nge or changes are made, the Florida street address of	the regination	stered office	and the business	office of	f the re	egistered
ag	ent w	vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	ability co	ompany, it is	hereby confirmed	l that the	e chan	ge(s)
		cles of organization or the operating agreement of the				lici wise	; provi	
		Yaakov Beyman	Yaa	ikov Beymai	n, Authorized Pers	on		
Ş	Signat	ure of a member or authorized representative of a member			Printed or typed name	e of signe	e	
I	hereb	by accept the appointment as registered agent and agr	ee to aci	t in this cape	acity. I further agi	ree to co	omply	with the
the	e obli	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	d for in (Chapter 605	, F.S. Or, if this d	ocumen	t is be	ing filed
io no	mere tifiea	in writing of this change.	nereby C	onfirm that i	ne umitea tiability	/ compa	ny nas	i deen
		Sexue aneppet						

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

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

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.

Т

I. Na	me of the limited liability company: FCIG INSURAN	NCE AGE	NCY,	LLC
2. (a)	1090 Kensington Park Drive, #2000 Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE POST OFFICE BOX)
	Altamonte Springs, FL 32714			
	09/11/2007		M07(000005471
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporations Depot			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. o	f State:
	240 NW Peacock Boulevard			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2	
	Suite 102			
	Port Saint Lucie, FL	34986	; 	DEC 1.6
				Pro- t
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
	Ener hand of <u>restor registered regist</u> and/or <u>restor registered</u>	once au	<u> </u>	FLORIDA
	1201 Hays Street			> 4
	NEW Registered Office Address:			
	Tallahassee, FL	32301		
the cha agent v was/we	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	stered o mpany ited lia	office and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Yaakov Beyman	Yaa	kov Be	yman, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, 1 d in writing of this change.	ree to act perform d for in (hereby co	in this ance of Chapte onfirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	Service anoppet			

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

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