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J. BRYAN

APR 16 2008

EXAMINER

PREMIER

CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007

Chicago, IL 60606

(312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

April 11, 2008

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
409 E. Gaines Street
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS
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Re: Allied North America Insurance Brokerage of New Jersey, LLC

Dear Sir or Madam:

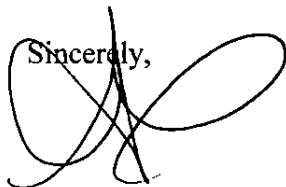
Enclosed please find one original and one photocopy of Application by Foreign Change of Registered Agent for the above named company. Also enclosed is a check for \$25.00 to cover the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Angela Gawlinski

AG
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied North America Insurance Brokerage of New Jersey, 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:

Angela Gawlinski

(Name of Person)

Premier Corporate Services, Inc.

(Firm/Company)

200 West Adams, Suite 2007

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Gawlinski

(Name of Person)

at (312) 346-3606

(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

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**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. The name of the limited liability company is: Allied North America Insurance Brokerage of New Jersey, LLC

2. The mailing address of the limited liability company is : _____

390 N Broadway Jericho NY 11753

1/4/2008

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston FL 33331

City, State and Zip

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] - MANAGER
(Signature of a member or authorized representative of a member)

John D'Ambrosio

(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]
(Signature of Registered Agent)

Angela Gawanski-Assl. Secretary

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

FILING FEE: \$25.00

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