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.

(((H100000190113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (B50)878-5368

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

REGISTERED AGENT CHANGE MANG INSURANCE AGENCY, LLC.

å

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

S. HAWKES

JAN 2 8 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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. Name of the limited liability company:	Mang Insurance Agency, LLC
2. (a) Principal office address of limited liability compa	rry: 66 South Broad St., Suito 2
(Note: MUST BE STREET ADDRESS)	Norwich, NY 13815
(b) Mailing address of limited liability company:	66 South Broad St., Suite 2
(Note: MAY BE POST OFFICE BOX)	Norwich, NY 13815
07/25/2008	M08000003518
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown or Registered Agent: 	the records of the Florida Dept. of State: NCORP SERVICES, INC.
Registered Office Address:	17888 67th Court North
	Loxahatchee, PL 33470
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	Plantation. FL33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company of the operating agreement of the limited liability company. 1/13/10	Florida street address of the registered office nical. Or, in the case of a Florida limited 's) was/were authorized by an affirmative vote crwise provided in the articles of organization by.
Richard Missbito, Authorized Representative Printed or typed name of signor	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compand CT Corporation System (1992)	Jane Lacriniz
Signature of Registered Agent Division of Corporations, P.O. Box	
District of Company DO Box	5327. Tallahassee, FL 32314

FILING FEE: \$25.00