

10900000511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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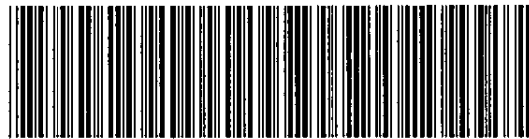
**L. SELLERS**

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**EXAMINER**

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**November 9, 2009**

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

RE: BOWEN, MICLETTE & BRITT INSURANCE AGENCY, LLC

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Janine M. Bequette  
Senior Client Service Specialist

JMB  
ENCLOSURE  
REGULAR MAIL

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. Name of the limited liability company: Bowen, Miclette & Britt Insurance Agency, LLC

2. (a) Principal office address of limited liability company: 1111 North Loop West Ste #400  
Houston TX 77008  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1111 North Loop West Ste #400  
Houston TX 77008  
(Note: **MAY BE POST OFFICE BOX**)

02/06/2009

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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:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road  
Plantation FL 33324

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

**NEW Registered Agent:**

National Corporate Research, Ltd., Inc.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

515 East Park Avenue  
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.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signer)

EDWARD GARVIN BRITT

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

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09 NOV 20 AM 8:30  
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