

M 09000001458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

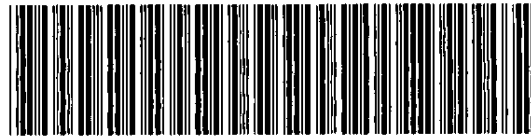
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EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 AUG 11 PM 3:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 870794 7561166

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 11 PM 3:44

ORDER DATE : August 5, 2011

ORDER TIME : 10:0 AM

ORDER NO. : 870794-010

CUSTOMER NO: 7561166

CHANGE OF AGENT

NAME: WEATHERBILL INSURANCE AGENCY
LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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.

FILED - STATE
SECRETARY OF REGISTRATION
DIVISION OF REGISTRATION
11 AUG 11 PM 3:41

INHS18 (05/08)