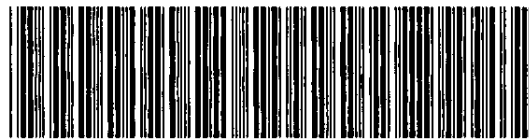


MD9000004988

(Requestor's Name)



700250301007

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

08/12/13--01017--023 **25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG 12 AM 9:15
STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERILIFE & HEALTH FINANCIAL SERVICES, 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:

TERRY DUNCAN

Name of Person

AMERICAN INSURANCE ADMINISTRATORS, LLC

Firm/Company

2650 MCCORMICK DR STE 200S

Address

CLEARWATER FL 33759

City/State and Zip Code

TDUNCAN@AIASVCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY DUNCAN

Name of Person

at (727) 216-0859

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

2013 AUG 12 AM 9:15
CLERK OF COURT
JUDICIAL OFFICE
TALLAHASSEE, FLORIDA

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: AMERILIFE & HEALTH FINANCIAL SERVICES, LLC

2. (a) Principal office address of limited liability company: 2650 MCCORMICK DR
(Note: MUST BE STREET ADDRESS) CLEARWATER, FL 33759

(b) Mailing address of limited liability company: 2650 MCCORMICK DR STE 200S
(Note: MAY BE POST OFFICE BOX) CLEARWATER, FL 3375908/01/201

08/01/2013

M09000004988

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:

ROWE, JAMES ESQ

Registered Office Address:

2650 MCCORMICK DR
CLEARWATER, FL 33759

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

NEW Registered Agent:

HIGHTOWER, R NATHAN ESQ

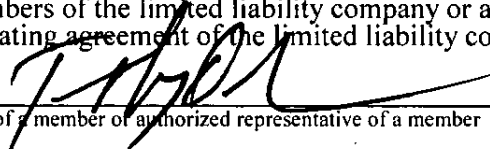
NEW Registered Office Address:

2650 MCCORMICK DR

(MUST BE FLORIDA STREET ADDRESS)

CLEARWATER, FL 33759

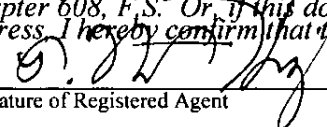
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

TIMOTHY O NORTH

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 of Registered Agent

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

FILING FEE: \$25.00