

M10000003964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

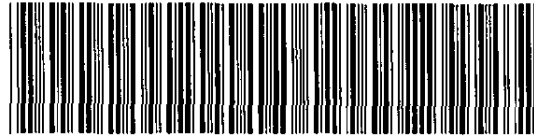
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 AM 11:38

MAR 12 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AgriLogic Insurance 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:

Joy Schroeder

Name of Person

NRAI Corporate Services

Firm/Company

1021 Main Street, Suite 1150

Address

Houston, TX 77002

City/State and Zip Code

jschroeder@nrai.com

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

For further information concerning this matter, please call:

Joy Schroeder

Name of Person

at (800) 862-5438

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



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

March 5, 2013

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

RE: AgriLogic Insurance Services, LLC

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Schroeder
Client Specialist

Encl.

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: AgriLogic Insurance Services, LLC

2. (a) Principal office address of limited liability company: 1000 Ballpark Way, Suite 314
(Note: **MUST BE STREET ADDRESS**) Arlington, TX 76011

(b) Mailing address of limited liability company: 1000 Ballpark Way, Suite 314
(Note: **MAY BE POST OFFICE BOX**) Arlington, TX 76011

09/07/2010

3. Date of filing/registration in Florida

M10000003964

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: William Smith

Registered Office Address: 5400 Calder Dr.
Tallahassee, FL 32317

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 1200 South Pine Island Road
Plantation, FL 33324

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.

Mike Fanning
Signature of a member or authorized representative of a member

Mike Fanning
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.

By: Joy Schroeder Joy Schroeder, Asst. Secretary
Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

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DIVISION OF CORPORATIONS
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