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Division of Corporations

**M1100005874**

Florida Department of State  
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.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

2019 SEP 25 PM 4:44

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
PAUL MOSS INSURANCE AGENCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2019 SEP 25 PM 12:29

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paul Moss Insurance Agency, 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:

Margot Mullin

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

Margot Mullin

Name of Person

at ( 888 ) 705-7274

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

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DIVISION OF CORPORATIONS

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Paul Moss Insurance Agency, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5895 HARPER ROAD

OLON CUYAHOGA COUNTY, OH 44139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5895 HARPER ROAD

OLON CUYAHOGA COUNTY, OH 44139

11/21/2011

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3. Date of filing/registration in Florida

4. Document number

5. (a) CT CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S PINE ISLAND RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Registered Agent Solutions, Inc.

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

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

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.

/s/ Paul Moss

Paul Moss

Manager

Signature of a member or authorized representative of a member

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 605, 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.

Mackenzie Hart

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00

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