

M12 0000 0000 998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

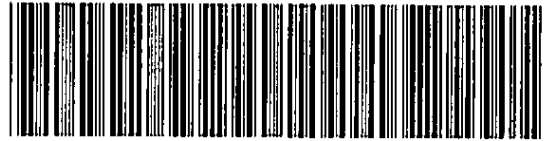
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600377854296

LC Amend

12/16/21--01013--002 \*\*25.00

FILED  
2022 JAN 11 AM 8:51  
CLERK OF COURT  
JANUARY 11, 2022

A. RAMSEY

JAN 19 2022

\*00789, 00524, 00611, 00671

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team Insurance Solutions, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Barnwell

\_\_\_\_\_  
Name of Person

Barnwell Law Group

\_\_\_\_\_  
Firm/Company

2425 Commerce Avenue Suite 300

\_\_\_\_\_  
Address

Duluth, GA 30096

\_\_\_\_\_  
City/State and Zip Code

Cbarnwell@barnwelllawgroup.com

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

For further information concerning this matter, please call:

Cory Barnwell at ( 770 ) 780-9511  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 11 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FL

January 6, 2022

CORY BARNWELL  
BARNWELL LAW GROUP  
2425 COMMERCE AVENUE, SUITE 300  
DULUTH, GA 30096 US

SUBJECT: TEAM INSURANCE SOLUTIONS, LLC  
Ref. Number: M12000000998

We have received your document for TEAM INSURANCE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida limited liability company and your LLC is a foreign (out of state) LLC. I have enclosed the correct form. You may make the registered agent change when you file your 2022 annual report online from our website [www.sunbiz.org](http://www.sunbiz.org) instead of filing this amendment. The annual report is due by May 1. If you decide to change the registered agent on your annual report instead of filing this amendment you may send us a signed letter along with a copy of this letter requesting a refund. Please include the name and address where you would like your refund check sent to.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 022A00000375

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Team Insurance Solutions, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M12000000998

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 02/21/2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: COGENCY GLOBAL, INC.

New Registered Office Address: 115 North Calhoun St. Suite 4

*Enter Florida Street Address*

Tallahassee

*City*

Florida

32301

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

See page 4 Cory Barnwell for Cogency Global  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

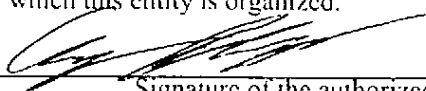
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Cory Barnwell

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**