

7/14/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****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
BPP INSURANCE SERVICES, LLC

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

RECEIVED
2017 JUL 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 JUL 14 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

S. WARREN

JUL 17 2017



COVER LETTER



TO: Registration Section
Division of Corporations

SUBJECT: **BPP 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:

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

notices@rasi.com

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

FL

**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: BPP INSURANCE SERVICES, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>16885 DALLAS PARKWAY</u> <u>ADDISON TX 75001</u> <u>07/26/2012</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>16885 DALLAS PARKWAY</u> <u>ADDISON TX 75001</u> <u>M12000004242</u>
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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:

NRAI SERVICES, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road
Plantation, FL 33324

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

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

FILED
17 JUL 14 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/ DANIEL P. HUGHES

Signature of a member or authorized representative of a member

DANIEL P. HUGHES

MANAGER

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.

Justine Karnell
Signature of Registered Agent Assistant Secretary

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**