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J. SAULSBERRY EXAMINER

AUG 1 6 2013

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations

# AAA MARKETING 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

, FL 33759 CLEARWATER

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

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

INHS18 (5/08)

# 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.

I. Na	me of the limited liability company: AAA MARKETING SERV	ICES, LLC	
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2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	CLEARWATER, FL 33759	*
	(NOIE: MOST DE STREET ADDRESS)	022,44441124,12,00100	
(b)	Mailing address of limited liability company:	2650 MCCORMICK DR STE 200S	72
(0)	(Note: MAY BE POST OFFICE BOX)	CLEARWATER, FL 3375908/01/201	
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08/01/20	013	M12000005626	9: 25
3. Da	ate of filing/registration in Florida	4. Document number	77
5. (a	) Registered Agent and Registered Office shown on the	he records of the Florida I	Dept. of State:
	Registered Agent:	ROWE, JAMES ESQ	
	Desistant Office Address	1650 MCCODMICY DD	
Registered Office Address:		2650 MCCORMICK DR CLEARWATER, FL 33759	
	<u>NEW</u> Registered Agent:	HIGHTOWER, R NATHAN ESQ	
NEW Registered Office Address:		2650 MCCORMICK DR	
	(MUST BE FLORIDA STREET ADDRESS)	CLEARWATER	,FL 33759
confir and the liabilithe me the op	limited liability company is not organized under the larmed that after the change or changes are made, the Flence business office of the registered agent will be identifity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the	registered office
TIMOTH	HY O NORTH		
	d or typed name of signee	=	
addre	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perforn sition as registered agent rely reflect a change in the has been notified in writt	o. I further agree to ance of my duties, as provided for in e registered office ing of this change.
Signati	ure of Registered Agent		

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