

# MI7000007380

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

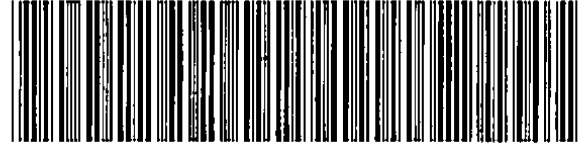
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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S. YOUNG



1000 Elm Street, 20<sup>th</sup> Flc  
Manchester, NH 031

Tel: 603-621-71

Fax: 603-621-71

[www.clm.c](http://www.clm.c)

Direct: 603-621-71

[e.hackett@clm.c](mailto:e.hackett@clm.c)

August 29, 2019

Via Federal Express

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Insignia88, LLC – Document# M17000007380

To Whom it May Concern:

Enclosed is a Statement of Change of Registered Office for the above referenced LLC along with a check in the amount of \$25.00 to cover the filing fee. Please file and return the evidence to me in the self-addressed FedEx envelope I have included.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Eva K Hackett

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Insignia88, 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:

Matthew H. Benson

Name of Person

Cook, Little, Rosenblatt & Manson, p.l.l.c.

Firm/Company

1000 Elm Street, 20th Floor

Address

Manchester, NH 03101

City/State and Zip Code

henrytingmd@gmail.com

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

For further information concerning this matter, please call:

Matthew H Benson

Name of Person

at ( 603 ) 621-7115

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

**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: Insignia88, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

14402 Marina San Pablo Place, Unit 101  
Jacksonville, FL 32224

14402 Marina San Pablo Place, Unit 101  
Jacksonville, FL 32224

3. August 24, 2017 4. M17000007380  
Date of filing/registration in Florida Document number

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

Henry H Ting  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3948 3rd St S, Suite 265  
Jacksonville Beach, FL 32250

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

NEW Registered Office Address:  
14402 Marina San Pablo Place, Unit 101  
Jacksonville, FL 32224

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.

Henry H. Ting  
Signature of a member or authorized representative of a member

Henry H Ting  
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.*

Henry H. Ting  
Signature of Registered Agent

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

FILED  
19 SEP -3 AM 2:11  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS