Division of Corporations 2/12/2021 Division of Comporations Electronial filing Cover Sho

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> > (((H21000060846 3)))



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To:

Division of Corporations

Email Address: ___documents@incorp.com

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

LLC REGISTERED AGENT CHANGE FBINSURE, LLC

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From: GFI FaxMaker To: 8506176383 Page: 2/3 Date: 2/12/2021 9:21:32 AM

H21000060846 3

COVER LETTER

TO:	Registration Section Division of Corporations	K _t . Ye
		URE, LLC
SUBJ	Name of Limit	led Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to	o the following:
	Patricia Reyes	
	Name of Person	
	InCorp Services, Inc.	
	Firm/Company	
	3773 Howard Hughes Pkwy., Suite 500S	
	Address	
	Las Vegas, NV 89169-6014	
	City/State and Zip Code	
	documents@incorp.com	
	E-mail address: (to be used for future annual report	notification)
For f	urther information concerning this matter, please ca	II:
Patricia I	Reyes on behalf of InCorp Services, Inc.	800) 246-2677 ext. 6806
	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	☐ \$55 Filing Fee & Certified Copy
INHS	\$18 (2/14)	

Date: 2/12/2021 9:21:32 AM

H21000060846 3

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. N	lame of the limited liability company: FBINSURE, L	LC			
	Principal office address of limited liability company:		(b)	iling address of limited l	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ſ	Note: MAY BE POST O	
	128 Dean Street	_	128 Dean	Street	
	Taunton, MA 02780	_	Taunton, i	MA 02780	
	03/03/2020		M20000002438		
3.	Date of filing/registration in Florida	4.		ocument number	
5. (a	REGISTERED AGENTS INC.				
J. (a	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:		
	7901 4Th St N.	_			ن
	Registered Office Address	ADDRE.	<u>(22)</u>	· \	·
	Ste 300			•	.50
	St. Petersburg , FI		33702		
(b	InCorp Services, Inc.) PA 6: 58
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		
	17888 67th Court North				J. ,
	NEW Registered Office Address:				
	Loxahatchee , FI	L,	33470		
the c agen	c limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	i the re lability	company, it is imited liability	hereby confirmed the	at the change(s)
P	Treefor for to ance we of a member	F	Russel F. Mar	torana	Culavan
prov the o to m notif	reny accept the appointment as registered agent and agesisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address. It is writing of this change. Color September Isabel Burgos on belatur of kepistered Agent	ed for i	act in this capa rmance of my d n Chapter 605. v confirm that t	F.S. Or, if this doce he limited liability co	to comply with the

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