1/25/2021

Division of Corporations

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Division of Corporations

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PLANZS PH 1:0

LLC REGISTERED AGENT CHANGE MONTALTO UNITED INSURANCE AGENCY, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help



From: Ranae McGraw

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.

. Na	Name of the limited liability company:MONTALTO UNITED INSURANCE AGENCY, LLC						
2. (a)	423 CAVIAR DR	(h	(b) 423 CAVIAR DR				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (//	Mailir	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) LTON BCH, FL 32548			
	FT WALTON BCH, FL 32548		FI WALTO				
3.	12/09/2020 Date of filing/registration in Florida	 4.	_ 	0000011497 cument numb	cr		
5. (a)	Registered Agent and Registered Office shown on the records of MONTALTO, RYAN	the Florida	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	2				
	423 CAVIAR DR				**		
	FI WALTON BCH, FI	32	548	Š.	21 計		
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		Jan 25	; ·	
					25 41:		
	NEW Registered Office Address:				3.	_	
	200 South Pine Island Road	_					
	Plantation , FL	33324					
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members dicles of organization of the operating agreement of the	f the regi lability co of the lim	stered office and ompany, it is he nited liability co liability compar	d the business reby confirms impany or as	s office of t ed that the o otherwise p	he registered change(s)	
_	iture of a member or authorized representative of a member			7.	Ψ.		
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e perjorm ed for in hereby c	ance of my auti Chapter 605, F. onfirm that the	es, ana 1 am j S. Or, if this limited liabili	gree to com familiar wit document i ity company	nply with the th and accept is being filed y has been	
Ву:	Lanice Bell, D	enise Be	ll, Assistant Se	ecretary			
Signati	ire of Registered Agent						

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