

10/12/2021

Division of Corporations

## Florida Department of State

Division of Corporations  
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ALLAHASSEL FLORIDA

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY OF TAMPA LLP  
Account Number : I20100000038  
Phone : (813)387-0285  
Fax Number : (813)387-1800

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

Email Address: blpelliccioni@gmail.com

### LLC REGISTERED AGENT CHANGE P FAMILY INSURANCE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ALLAHASSEL FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P Family 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:

Brianna Volkmann

Name of Person

Quarles & Brady LLP

Firm/Company

411 E. Wisconsin Avenue, Suite 2400

Address

Milwaukee, WI 53202

City/State and Zip Code

blpelliccioni@gmail.com

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

For further information concerning this matter, please call:

Brianna Volkmann

414

277-5268

at (

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

## 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: P Family Insurance Services LLC
2. (a) 5637 Strand Boulevard  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 2  
Naples, FL 34110
- (b) 5637 Strand Boulevard  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 2  
Naples, FL 34110

3. 05/19/2021 Date of filing/registration in Florida
4. M21000006119 Document number

5. (a) CT Corporation Services  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 South Pine Island Road  
Plantation, FL 33324

- (b) Brice Louis Pelliccioni  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5637 Strand Blvd  
NEW Registered Office Address:  
Suite 2  
Naples, FL 34110

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2021 OCT 12 PM 2:17  
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.

Brice Louis Pelliccioni

Signature of a member or authorized representative of a member

Brice Louis Pelliccioni

Printed or typed name of signer

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.

Brice Louis Pelliccioni

Signature of Registered Agent