

1423000008707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

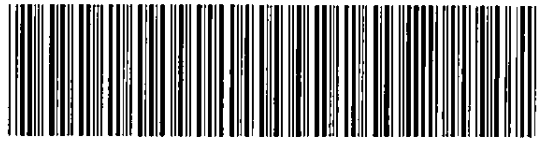
(Business Entity Name)

(Document Number)

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

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ED  
15 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 APR 16 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. HUNT

04/16/24

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/16/2024

**\*\*WALK IN\*\***

ENTITY NAME MAIN STREET INSURANCE GROUP, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

RECEIVED  
TALLAHASSEE, FL  
APR 16 2024 9:15 AM

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: 120160000072

*S. R. Webb*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Main Street Financial Group, 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:

C. Leo

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

professional@harborcompliance.com

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

For further information concerning this matter, please call:

C. Leo

717

844-5937

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

RECEIVED  
TALLAHASSEE, FL  
JAN 16 AM 9:15

**- 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: Main Street Financial Group, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: <b>MUST BE STREET ADDRESS</b>)</u> <u>1819 Main Street Suite 600</u> <u>Sarasota, FL 34236</u> <u>03/23/2016</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: <b>MAY BE POST OFFICE BOX</b>)</u> <u>1819 Main Street Suite 600</u> <u>Sarasota, FL 34236</u> <u>M23000008707</u>
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3. Date of filing/registration in Florida      4. Document number

5. (a) TUTCHER, MICHAEL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7698 Albert Tillinghast Drive  
Sarasota FL 34240

(b) Registered Agents Inc  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:  
7901 4th St N Ste 300  
St. Petersburg FL 33702

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MAR 23 2016  
AM 9:15  
STATE  
TALLAHASSEE, FL

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.

<u></u> Signature of a member or authorized representative of a member	<u>Patrick Kinney</u> Printed or typed name of signer
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*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.*

David Roberts  
Signature of Registered Agent