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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Email Address: corporate@zkslaw.com

**REGISTERED AGENT CHANGE
FRONTLINE INSURANCE MANAGERS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRONTLINE INSURANCE MANAGERS INC.
.....
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:

William H. Robinson, Jr.

.....
Name of Person

ZIMMERMAN KISER & SUTCLIFFE, P.A.

.....
Firm/Company

315 E. Robinson Street, Ste 600

.....
Address

Orlando, FL 32801

.....
City/State and Zip Code

registeredagent@zkstraservices.com

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

For further information concerning this matter, please call:

Eileen Soto, Legal Assistant

.....
at (407)

425-7010

.....
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: FRONTLINE INSURANCE MANAGERS INC.

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)

500 International Parkway

PO Box 958403

Lake Mary, FL 32746

Lake Mary, FL 32795

4/1/2015

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3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CORPORATION SERVICE COMPANY

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street

Tallahassee

FL 32301-2525

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

ZKS REGISTERED AGENT SERVICES, LLC

NEW Registered Office Address:

315 E. Robinson Street, Suite 600

Orlando

FL 32801

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.

[Signature]
Signature of a member or authorized representative of a member

Leman M. Porter, CEO/President

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.

[Signature]
Signature of Registered Agent

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

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