I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: MICHAEL WAKEFIELD

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	AMBR
Name	WAKEFIELD, MICHAEL F	Name	NATIONAL LEGACY PARTNER LLC
Address	3577 PARIANA LANE	Address	445 FOSSIL HILLS LOOP
City-State-Zip:	JACKSONVILLE FL 32222	City-State-Zip:	SPRING BRANCH TX 78070

Α

Authorized Person(s) Detail :						
Title	MGR	Title	AMBR			
Name	WAKEFIELD, MICHAEL F	Name	NATIONAL LEGACY PARTNER LLC			
Address	3577 PARIANA LANE	Address	445 FOSSIL HILLS LOOP			

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

DOCUMENT# L17000050405	

Entity Name: FEDPLAN ADVISORS INSURANCE AGENCY LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3577 PARIANA LANE JACKSONVILLE, FL 32222

Current Mailing Address:

3577 PARIANA LANE JACKSONVILLE, FL 32222 US

FEI Number: 82-0667314

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WAKEFIELD, MICHAEL 3577 PARIANA LANE JACKSONVILLE, FL 32222 US

SIGNATURE:

FILED Feb 22, 2022 Secretary of State 4521458051CC

Certificate of Status Desired: No

02/22/2022

Date

Date