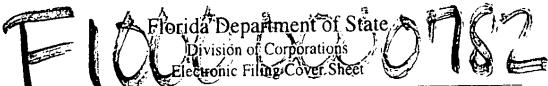
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Division of Corporations



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To:

Division of Corporations

Pax Number : (850)617-6380

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

Email Address:_

REGISTERED AGENT CHANGE TEXAS BANKERS INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. BUTLER JAN 20 2023

ب

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	517,0502, 607,1508, or 617,1508, Florida Statutes, in organized under the laws of the State of Texas registered agent, or both, in the State of Florida.	this
1. The name of	the corporation: TEXAS BANKER	RS INSURANCE AGENCY, INC.	
	office address: 3321 Hee Cave Rd		
3. The mailing a	address (if different): P.O. Box 162	2407AUSTIN, TX 78716	
4. Date of incorp	poration/qualification: 02/15/2010	Document number: F10000000782	
5. The name and		stered agent and registered office on file with the	
	CT CORPORATION SYSTEM][
	1200 SOUTH PINE ISLAND ROA	AD .	2023 JAH 3 : .
	PLANUATION, FL 33324		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	15.1. 16.11W 6
	Corporate Creations Network Inc.		: 2
	801 US Highway 1		(III) —
		PO Box NOT acceptable	
	North Paim Beach, FL 33408		
The street addresses changed will	ss of its registered office and the be identical.	street address of the business office of its register	ed agent,
Such change wa authorized by th	is authorized by resolution duly a se board, of the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	o
1		Tasha Edwards, Attorney-in-Fact	
	the appointment as registered ag the appointment as registered ag o comply with the provisions of t d I am familiar with and accept t ng filed merely to reflect a chang been potified in writing of this c	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete per the obligation of my position as registered agent, the in the registered office address, I hereby confirm hange.	formance Or, if this n that the
1		1/19/2023	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Tasha Edwards, S	Special Secretary		
Ту	rped or Printed Name	-	

* * * FILING FEE: \$35.00 * * *