L05000114209

(Requestor's Name)				
(Address)				
(Manese)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: November 13, 2014

Order#: 366055/005

Re: SAGESURE INSURANCE MANAGERS LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	lame of the limited liability company: SAGESURE IN	ISURANCE	MANAGERS LLC
2. (a)	2082 SUMMIT LAKE DRIVE, SUITE 1	(b)	PO Box 13206
• •	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	TALLAHASSEE FL 32317		Tallahassee, FL 32317
	11/29/2005		L05000114209
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corey Neal		
	Registered Agent and Registered Office shown on the records of	the Florida D	pept, of State:
	2082 SUMMIT LAKE DR, Suite 1		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
			
			·
	TALLAHASSEE , FL	32317	
			هــ بي ح يد
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	ess:
	1201 Hour Street		
	1201 Hays Street NEW Registered Office Address:		
	Negistrica Office Address,		
	Tallahassee , FL	_ 32301	
1646 - 1			
the cha	limited liability company is not organized under the law ange or changes are made, the Florida street address of	ws of the St The registe	ate of Florida, it is hereby confirmed that after red office and the business office of the registered
agent '	will be identical. Or, in the case of a Florida limited list	ability com	pany, it is hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the limite limited lia	ed liability company or as otherwise provided in bility company.
		Dona	Priebe, Authorized Person
Signa	thre of a cember or authorized representative of a member		Printed or typed name of signee
I here provisi the obj	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I in the interior of this change.	ree to act in performan d for in Ch	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed
notifie	d in writing of this change	nereby conj	urm mai ine umitea itability company has been

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

Signature & Registered Agent Corporation Service Company BY: Sylvia Queppet, Assistant Vice President