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PICK-UP	☐ WAIT	MAIL
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06/17/13--01021--009 **35.00

SECRETARY OF STATE ORION

JUN 2 6 2013 J. BRYAN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kathleen Shields kshields@cscinfo.com

Date: June 13, 2013

Order#: 675441-007

Re: CITADEL INSURANCE SERVICES LC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Kathleen Shields

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	ame of the limited liability company: CITADEL INSUF	ANCE LLC	
2. (a	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 826 East State Road Suite 100 American Fork, UT 84003	
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P O Box 1677 American Fork, UT 84003	3 1
	04/03/2007	M07000001951	2000
3. Da	ate of filing/registration in Florida	4. Document number	SEC. 23
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. o	of States
	Registered Agent:	NRAI Services, Inc.	
	Registered Office Address:	1200 South Pinr Island Road Plantation, FL 33324	
(b _.	 Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u>: <u>NEW Registered Office Address:</u> 	Corporation Service Company 1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)			FL 32301
confinand the liabilithe m	limited liability company is not organized under the larmed that after the change or changes are made, the Flate business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the registe cal. Or, in the case of a Florida	ered office limited
Printed	Priebe, Authorized Person I or typed name of signee	-	ullan aanaa ta
_	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me sss, I hereby confirm that the limited liability company	gree to act in this capacity. I fur per and complete performance o sition as registered agent as pro- cely reflect a change in the regist has been notified in writing of t	iner agree 10 of my duties, vided for in tered office his change.
By: Signati	ure of Registered Agento Corporation Service Company	Sylvia Opennet Acet VD	
_	- Corporation Service Company	Sylvia Queppet, Asst. VP	

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