

1 M19 000005630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

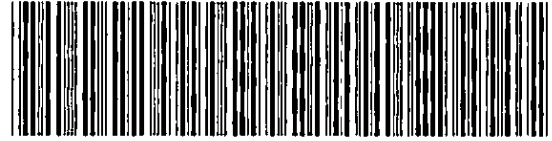
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 26 2022

Office Use Only



600388080226

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 25 PM 4:10

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 25 AM 8:27

FILED



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/25/2022

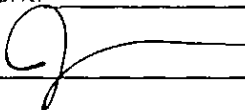
Name: Jennifer Bialowas

Reference #: 1684995

Entity Name: SELECTQUOTE AUTO & HOME INSURANCE SERVICES, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: 25.00

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 05/25/2022

Name: Jennifer Bialowas

Reference #: 1684995

Entity Name: SELECTQUOTE AUTO & HOME INSURANCE SERVICES, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: 25.00

Signature: 

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: SELECTQUOTE AUTO & HOME INSURANCE SERVICES, LLC

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)*

No Change

No Change

3. May 29, 2019 4. M19000005630
 Date of filing/registration in Florida Document number

5. (a) REGISTERED AGENTS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH ST N STE 300
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

ST. PETERSBURG, FL 33702

(b) COGENCY GLOBAL INC.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4
NEW Registered Office Address:

Tallahassee, FL 32301

FILED
2022 MAY 25 AM 8:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

/s/ Ryan Souan
 Signature of a member or authorized representative of a member

Ryan Souan - 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.

/s/ Tim Mayville
 Signature of Registered Agent

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