5/2/23, 3 42 PM

Division of Corporations



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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE

CLEAR SPRING LIFE 1099 REPORTING COMPANY, LLC

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

Pursuant to the provisions of sections 605.0114 or 608.0116, 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

I. Na	me of the limited liability company: Clear Spring Life I		cepc					
2. (a)	10555 Group 1001 Way		(b)	10555 Gr	oup 1001 Way			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of l		-	
				Zionsville	: IN 46077	A. M. M. A. M.	4.4.4.4	CKIA
		_	•					
	11/25/2014		N	11400000	8494			
3.	Date of filing/registration in Florida	4.	_		Document num	ber		
5. (a)	CORPORATION SERVICE COMPANY							
. (a)	Registered Agent and Registered Office shown on the records of th	ne l'Hor	ida I	æpi, of Sta	- te:			
	1201 HAYS STREET				_			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u> </u>					
	TALLAHASSEE	32301	-251	25	-			
(b)	C T Corporation System				_	•	2023 H	
,	Enter name of NEW Registered Agent and/or NEW Registered (Office	add	(CZZ):	_	-	2023 HAY -2	2 四 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
	NEW Registered Office Address:						M	
	1200 South Pine Island Road					•	7: 30	
	Plantation, FL_	33324			_		0	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the re bility Ethe I imite	gist cor imi d lia	ered offic npany, it l ted liabili ability cor	e and the busine is hereby confirm ty company or a:	ss offic red that othery	e of the Lthe cha	registered inge(s)
Signa	ture of a member or authorized representative of a member				Printed or typed r	ame of s	ignee	•
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I'm writing of this change. CT Corporation System	perfor i for n ereby	ict i ma i Çi ' cui	n this cap nee of my hapter 60 nfirm thai	oacity. I further is duties, and I am is I.S. Or, it this the limited liab	agree to familie s docum lay con	o compl ar with a nent is h upany h	y with the md accept seing filed as been

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FILING FEE: \$25.00

By: SEAN LEMERICK ASSISTANT SECRETARY
Signature of Registered Agent