I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: KATHERINE T APONTE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# J59378

Entity Name: PHOENIX AMERICAN ADMINISTRATORS, INC.

Current Principal Place of Business:

6303 BLUE LAGOON DRIVE SUITE 225 MIAMI, FL 33126

Current Mailing Address:

6303 BLUE LAGOON DRIVE SUITE 225 MIAMI, FL 33126 US

FEI Number: 59-2777327

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title

Electronic Signature of Registered Agent Date **Officer/Director Detail :** PD Title ST

Name	BROOKS, R. STEVEN	Name	APONTE, KATHERINE T
Address	6303 BLUE LAGOON DRIVE, SUITE 225	Address	6303 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

FILED Feb 10, 2016 Secretary of State CC1828020017

Certificate of Status Desired: No

02/10/2016 Date