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.

SIGNATURE: PAIGE DENNIS

Electronic Signature of Signing Officer/Director Detail

VP

03/23/2016 Date

Date

FILED Mar 23, 2016 Secretary of State CC2059481184

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

| Officer/Director Detail : |
|---------------------------|
|---------------------------|

| Title | VP | Title | PSDT | |
|-----------------|--------------------------------------|-----------------|-------------------------------------|--|
| Name | DENNIS, PAIGE M | Name | DENNIS, BRIAN E. | |
| Address | 1022 LAND O LAKES BLVD. SUITE 103 | Address | 1022 LAND O LAKES BLVD SUITE 103 | |
| City-State-Zip: | LUTZ FL 33549 | City-State-Zip: | LUTZ FL 33549 | |

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68708

Entity Name: A-B-C DENNIS INSURANCE, INC.

Current Principal Place of Business:

1022 LAND O LAKES BLVD. SUITE 103 LUTZ, FL 33549

Current Mailing Address:

1022 LAND O LAKES BLVD. SUITE 103 LUTZ, FL 33549 US

FEI Number: 59-3461373

Name and Address of Current Registered Agent:

DENNIS, BRIAN EPRES 1022 LAND O LAKES BLVD. SUITE 103 LUTZ, FL 33549 US