that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MARIA F JULIAN REGISTERED AGENT

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: INTER-ASSISTANCE LLC

Current Principal Place of Business:

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

2893 EXECUTIVE PARK DRIVE SUITE 201 WESTON, FL 33331

DOCUMENT# L1300002054

Current Mailing Address:

2893 EXECUTIVE PARK DRIVE SUITE 201 WESTON, FL 33331 US

FEI Number: 80-0881247

Name and Address of Current Registered Agent:

JULIAN, MARIA F 15875 SW 17 STREET WESTON, FL 33326 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	: MARIA F JULIAN			03/03/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	JULIAN, MARIA F	Name	VILLAFANE, GERARDO	
Address	15875 SW 17 STREET	Address	19148 N HIBISCUS STREET	
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33332	

FILED Mar 03, 2016 Secretary of State CC6741708803

Certificate of Status Desired: No

03/03/2016

Date