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:	ERIC S HAUG			02/27/2024
	Electronic Signature of Registered Agent			Date
Authorized Pe	erson(s) Detail :			
Title N	MGR	Title	MGR	
Name C	GRULICH, DAVID	Name	CHASON, NICHOLAS	
Address 3	3233 THOMASVILLE ROAD	Address	3233 THOMASVILLE ROAD	
City-State-Zip: 7	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308	
Title M	MGR			
Name H	HURLEY, PATRICK			
Address 3	3233 THOMASVILLE ROAD			

Name and Address of Current Registered Agent:

PROPER LAW 3233 THOMASVILLE ROAD TALLAHASSEE, FL 32308 US

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GRULICH

City-State-Zip: TALLAHASSEE FL 32308

MANAGER

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000105507

Entity Name: PROPER INSURANCE ADVISORS, LLC

Current Principal Place of Business:

3233 THOMASVILLE ROAD TALLAHASSEE, FL 32308

Current Mailing Address:

3233 THOMASVILLE ROAD TALLAHASSEE, FL 32308 US

FEI Number: 86-2412701

Certificate of Status Desired: No

FILED Feb 27, 2024 Secretary of State 1914177693CC

Date