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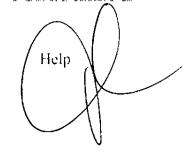
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## REGISTERED AGENT CHANGE SIHLE INSURANCE GROUP, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| in orde  | inge is submitted for a corporation or<br>rr to change its registered office or reg   | ,<br>gistered agent, or both  | i, in the State of F  |   | <del></del>                |
|--|---|---|---|---|----------------------------|
| 1. The name of   | the corporation: SIHLE  | INSURANCE GRO   | DUP, INC.   |   | <del></del>                |
| 2. The principal   | office address: 1021 DOUGLAS  | AVENUE, ALTAN   | MONTE SPGS  | S, FL 3271                                | 4                          |
| 3. The mailing a   | oddress (if different): P.O. BOX  | 160398, ALTAMON   | TE SPGS, FL 3   | 12716                                     |                            |
| 4. Date of incorp  | poration/qualification: 03/13/197   | 5 Document n  | umber: <u>4718</u>  | 11  | <del></del>                |
|  | d street address of the current registerentment of State: (If resigned, enter resi  |   | loffice on file wi  | th the                                    |                            |
|  | CORPORATE CREATIONS   | NETWORK, INC.   |   | -   |                            |
|  | 801 US HIGHWAY 1  |   |   |   |                            |
|  | NORTH PALM BEACH, FL 334  | 08  |   |   |                            |
| 6. The name and (if changed):  | d street address of the new registered a  | agent (if changed) and  | /or registered off  | 2023 HAY 2                                | - Tra                      |
|  | Kenneth Riccard   |   |   | · A 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | مسدا<br>مسد                |
|  | 1021 Douglas Ave.   | . Box NOT acceptable  |   | . S.S.Y.                                  |                            |
|  | Altamonte Springs, FL 32714   |   |   | Y25 AM 8:3                                |                            |
| The street address changed will  | ess of its registered office and the str<br>be identical.   | eet address of the bus  | iness office of its   | s registered#                             | <b>)</b><br>Rgent,         |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopte board, or the corporation has been  | pted by its board of di<br>i notified in writing of   | rectors or by an of the change.   | officer so                                |                            |
| Ja   | nias Arizarry   |   | y, Attorney-in-   |   |                            |
| Siggau<br>I hereby accept<br>I further agree<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered agent<br>to comply with the provisions of all s<br>id I am familiar with and accept the<br>ing filed merely to reflect a change in<br>s been notified in writing of this char | t and agree to act in the<br>statutes relative to the<br>obligation of my posit<br>of the registered office | d or typed name and tit<br>his capacity<br>proper and com<br>tion as registered<br>address, I hereh |   | nance<br>if this<br>at the |
| Jenisa Are   | garry Jenisa Irizarry, Attorney-in-   | Fact  | 05/24/2023  |   |                            |
| -  | half of an entity:  |   |   |   |                            |
|  | yped or Printed Name  |   |   |   |                            |
|  | * * * FILING  | FEE: \$35.00 * * *  |   |   |                            |

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