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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Phone : (561)694-8107

Fax Number : (561)694-1639

Buter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LYNDON SOUTHERN INSURANCE COMPANY

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

K1	
1. The name of the corporation is: I	YNDON SOUTHERN INSURANCE COMPANY
	51 DEERWOOD PARK BLVD BLDG 100
JACKSONVILLE FL 32256	
3. The mailing address (if different)	:
4. Date of incorporation/qualification	on: 4/4/2005 Document Number: F05000002081
5. The name and street address of the	n: 4/4/2005 Document Number: F05000002081 c current registered agent and registered office on file with the
Florida Department of State:	te current registered agent and registered office of the with the
COGENCY GLOBA	LINC.
155 OFFICE PLA	ZA DRIVE
TALLAHASSEE FI	32301
o. The name and street address of the (if changed):	e new registered agent (11 changed) and /or registered of fice
Corporate Creation	ns Network Inc.
11380 Prosperity	Farms Road #221E
Palm Beach Garde	(P.O. Box Not acceptable)
	office and the street address of the business office of its registered
agent, as changed will be identical!"	of the salest address of the business office of its registered
Such change-was anthorized by re	solution duly adopted by its board of directors or by an officer sc
authorized by the board, or the corp	pration has been notified in writing of the change,
all all	Carlos M Alvarez, Attorney-in-Fact
(Signatule of an officer or director	(Printed or Typed name and title)
I hereby accept the appointment as	registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete
performance of my duties, and I am	familiar with and accept the obligation of my position as registered
agent. Or, if this document is bein	g filed merely to reflect a change in the registered office address. I
hereby confirm that the corporation	has been notified in writing of this change.
Carpature of Registered Agent)	11/22/2017
/ / /	(Date)
If signing on behalf of an entity:	
Carlos M Alvarez, Special Secretary (Typed or Printed Name)	
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MARE CHI MAII. TO: DIVISIONI	CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
Corporate Creations International	1
11380 Prosperity Farms Road #2	
Palm Beach Gardens FL 33410	
(561) 594-8107 ∦	
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