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(F	Requestor's Name)		
(A	Address)	<u> </u>	
(A	Address)		
(0	City/State/Zip/Phone #	ŋ	
PICK-UP	WAIT	MAIL	
(E	Business Entity Name)	
(Document Number)			
Certified Copies	Certificates o	f Status	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.comn

Date: September 17, 2019

Order#: 873448-056

Re: BROWN & BROWN INSURANCE OF NEVADA, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

<u>XX</u> Issue Proof of Filing.

MX Please return evidence to the following:

Attn: Soraya Sariaslani

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of tor registered agent, or both, in the State of	<u>NV</u>	_
		OWN INSURANCE OF NEVADA, INC.	1 107 1004	
i. The name of t	ne corporation:	son Drive Suite 100 Las Vegas, NV 89119		
2. The principal	office address:			
3. The mailing a	ddress (if different): 220 S. Ric	dgewood Ave. Daytona Beach, FL 32114		
4. Date of incorp	poration/qualification: 10/23/2	006 Document number: F06000	0006685	
	street address of the current re tment of State: (If resigned, en	egistered agent and registered office on tile v ter resigned)	vith the	
	C T CORPORATION SYSTE	М	_	
	1200 SOUTH PINE ISLAND	ROAD		
	PLANTATION, FL 33324		201 Se	
6. The name and (if changed):		stered agent (if changed) and /or registered o	2019 SEP 18 Sail 13/HA TALL3/HA	cara.
	Corporation Service Compan	у	SSC	÷.
	1201 Hays Street			<i>y=</i> -4
		O Box NOT acceptable FL 32301	~	
an I i	Tallahassee			
as changed will	ss of its registered office and i be identical.	the street address of the business office of i	ts registered age	:nt,
		y adopted by its board of directors or by an s been notified in writing of the change.	officer so	
9	e of an officer or director	Jill Cilmi, Vice President		
Signatel Signatel	e of an officer or director	Printed or typed name and ti	Printed or typed name and title	
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of my duties, and I am familiar w s document is being filed mero	agent and agree to act in this capacity, of all statutes relative to the proper and consists and accept the obligation of my positionly to reflect a change in the registered offinatified in writing of this change.	nplete n as registered ce address, l	
By: X)	ature of Registered Agent	09/13/2019		
Sign	nature of Registered Agent	Date		_
If signing on bel	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ту	ped or Printed Name	_		

* * * FILING FEE: \$35.00 * * *