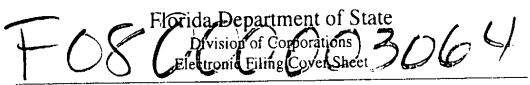
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Division of Corporations



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Division of Corporations

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: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number : (561)214-8442

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Email	Address:	

REGISTERED AGENT CHANGE WORLDWIDE INSURANCE NETWORK OF NORTH CAROLINA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. BUTLER

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

		2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of North C		ı
		ered agent, or both, in the State of Florida.		
l. The name of	the corporation: WORLDWIDE INSURA?	NCE NETWORK OF NORTH CAROLINA,		
2. The principal	office address: 4121 BEEECHWOOD DR	VE GREENSBORO, NC 27410		
3. The mailing a	address (if different):			
1. Date of incor	poration/qualification: 06/24/2015	Document number: F15000002782		
	d street address of the current registered a rtment of State: (If resigned, enter resigne			
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324][
o. The name and (if changed):	d street address of the new registered agen	it (if changed) and /or registered office		2023 JAN 19
	Corporate Creations Network Inc.			9
	801 US Highway 1		- ::	
	P.O Box	NOT acceptable .	91	Ģ
	North Palm Beach, FL 33408			27
4		address of the business office of its regist		gent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
1	7.	Tasha Edwards, Attorney-in-Fact		
hereby accept fulther agree of my duties, an locument is ban orporation has	the appointment as registered ugent and to comply with the provisions of all statud land accept the obling filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity. ites relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erforn Or Irm tha	nunce if this at the
//_	~ / m ~	1/19/2023		
<i>y</i>	nature of Reputered Agent half of an entity:	Date		
-1 -	Special Secretary			
	yped or Printed Name			
•	· · · · · · · · · · · · · · · · · · ·			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)