

Division of Corporations  
**FO 8 00003729**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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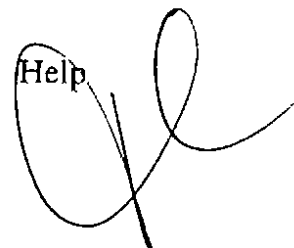
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**REGISTERED AGENT CHANGE  
 PALOS VERDES INSURANCE AGENCY, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PALOS VERDES INSURANCE AGENCY, INC.
- 2. The principal office address: 314 VISTA DEL MAR REDONDO BEACH, CA 90277
- 3. The mailing address (if different): PO BOX 636 REDONDO BEACH, CA 90277
- 4. Date of incorporation/qualification: 08/25/2008 Document number: F08000003729
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

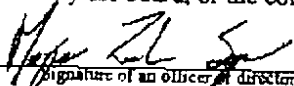
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.  
801 US Highway 1  
P.O. Box NOT acceptable  
North Palm Beach FL 33408

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 P. 1. 1. 1. 1.

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 Signature of an officer or director

Marja Souza, Attorney-in-Fact  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the 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 being 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.*

  
 Signature of Registered Agent

06/29/2023  
 Date

If signing on behalf of an entity:  
Marja Souza, Special Secretary  
 Typed 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)