FOSOCOCOSTS

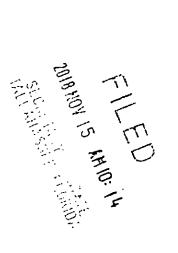
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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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: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: November 6, 2018

Order#: 427485-183

Re: FASI INSURANCE SERVICES, INC.

Enclosed please find:

XX 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.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie 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	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga r to change its registered office or regist	nized under the la	rws of the State of <u>C</u>	CA
1. The name of t	the corporation: FASI INSURANCE SEF	RVICES, INC.		
2. The principal	office address: 655 West Broadway, Su	ite 1200, San Di	ego, CA 92101	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 12/15/2008 Document number: F08000005298				05298
	I street address of the current registered a timent of State; (If resigned, enter resign		red office on file wi	th the
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			7018
	PLANTATION	۴۲	33324	三 三
6. The name and (if changed):	street address of the new registered age	nt (if changed) ar	nd /or registered off	TILLED TOTAL
	Corporation Service Company			9. 1.
	1201 Hays Street			Sir F
	Tallahassee	l'acceptable FL	32301	
The street addre	ess of its registered office and the street be identical.	address of the bu	isiness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	l by its board of outfied in writing	directors or by an o of the change.	fficer so
<u> </u>	. E. agni	Jill Cilmi		Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent an o comply with the provisions of all stating divides, and I am familiar with and a stating divides, and I am familiar with and a stating filed merely to reflicate the corporation has been notified in Service Company	d agree to act in utes relative to th accept the obligat ect a change in t	ne proper and comp tion of my position he registered office	olete as registered
By: Linds	en M Baronie	10/25/2018		
	nalify of Registered Agent half of an entity:		Date	
	onie, Asst. Vice President			
Ту	ped or Printed Name			

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