Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter 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 LIVESTOCK MARKETING INSURANCE AGENCY, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Livestock Marketing Insurance Agency, Inc.

DOCUMENT NUMBER: F10000000970

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

(000

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15129570210

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

statement of cha	provisions of sections 607.0 inge is submitted for a corpo r to change its registered of	oration organized w	nder the laws of	the State of Mi	ssouri
	the corporation: Livesto				
2. The principal	office address: 10510	N AMBASSA	•		· · · · · · · · · · · · · · · · · · ·
<u>KANŞA</u>	S CITY, MO 641	53	·		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 2/2	4/2010	Document numl	ber: <u>F10000</u>	000970
	I street address of the current etment of State: (If resigned,		nd registered of	fice on file with	the
	CORPORATION	ON SERVI	CE COM	MPANY _	5
	1201 HAYS STREET			ALL.	
	TALLAHASSEE		FL 3	2301 2525	FILED
6. The name and (if changed):	I street address of the new re	egistered agent (if cl	hanged) and /or	registered flice	
	Registered Ag	ent Solution	ns, Inc.	NO STATE	が 込 数
	155 Office Pla	ZA Dr. S	Suite A		
	Tallahassee	FL	* 32301		
The street addre	ess of its registered office as be identical.	nd the street addres		ss office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its has been notified i	board of direct n writing of the	lors or by an offi change.	cer so
/s/ Sheri C	re of an officer or director	<u>Sh</u>	eri Crist	yped name and title	hief Financial Officer
l further agree i performance of agent. Or, if the	the appointment as register to comply with the provisio my duties, and I am familia is document is being filed n that the corporation has be	ns of all statutes re- ur with and accept t nerely to reflect a ci	lative to the pro the obligation of hange in the re	oper and comple of my position as vistered office a	te registered ddress, I
MOCE Sign	natura Registered Agent	08/	/21/2019	Date	
If signing on be	half of an entity:				
Mackenzie	Hart, Assistant Secret	ary			
Τ̈́	yped or Printed Name				

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