F12000003150

Florida Department of State
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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

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DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE
JJINS INSURANCE SERVICES, INC

Certificate of Status	0
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Estimated Charge	$35.00

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JAN 18 2017

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JJINS INSURANCE SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: F12000003150

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 at (888) 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

CR2E045 (03/12)

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 South Carolina *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: JJINS INSURANCE SERVICES, INC
2. The principal office address: ATRIUM PROFESSIONAL CENTER 708 S APOLLO BLVD #104
   MELBOURNE FL 32901
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/30/2012 Document number: F12000003150
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)

   JONES, TAMARA
   780 S APOLLO BLVD #104
   MELBOURNE, FL 32901

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

   Registered Agent Solutions, Inc.
   155 Office Plaza Dr., Suite A
   P.O. Box NOT acceptable
   Tallahassee, FL 32301

2017 JAN 17 AM 8:57

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 — Francis G. Johnson, President
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 — 01/09/2017
Date

If signing on behalf of an entity:

Justine Karnell - Assistant 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 (03/12)