

Division of Corporations

L01000009845

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

LIMITED LIABILITY AMENDMENT

AMICUS INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA

01 JUL 18 PM 2:40

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: AMICUS INSURANCE SERVICES, LLC
2. The mailing address of the limited liability company is: 5700 Stirling Road
Hollywood, Florida 33021

3. Date of filing/registration in Florida June 19, 2001
4. Document number L01000009845
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JERROLD A. COFF, ESQ.
Name
2850 Evans Street, Suite 201
Address
Hollywood, FL 33020
City, State and Zip

6. The name and address of the new registered agent and/or office:

KERRY E. ROSENTHAL, ESQ.
Name
2875 N.E. 191 Street, Suite 500
Florida street address (P.O. Box NOT acceptable)
Aventura FL 33180
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

KERRY E. ROSENTHAL, ESQ. (attorney)

(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)
KERRY E. ROSENTHAL

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

D03318(10/99)

FILING FEE: \$25.00

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