

L04000033152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

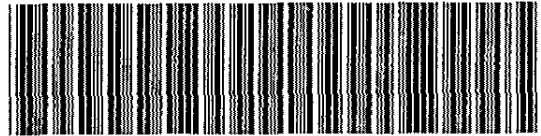
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/15/04--01002--008 \*\*250.00

RECEIVED  
04 DEC 14 PM 4:45  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 DEC 14 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT Corporation System**

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

North American Insurance Services, LLC

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Profit ☐ Amendment ☐ Merger☐ Nonprofit☐ Foreign ☐ Dissolution/Withdrawal ☐ Mark☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☐ LLC☐ Name Registration☒ Change of RA☐ Fictitious Name☐ UCC☐ Certified Copy☐ Photocopies☐ CUS☐ Call When Ready☐ Call If Problem☐ After 4:30☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name

12/14/2004

Order#: 6244755

Availability \_\_\_\_\_

Document

AAM

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**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: North American Insurance Services, LLC

2. The mailing address of the limited liability company is : 700 NW 107th Avenue, Suite 400

Miami, FL 33172

04/30/2004

L04000033152

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Benjamin P. Butterfield

Name

700 NW 107th Avenue, Suite 400

Address

Miami, FL 33172

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

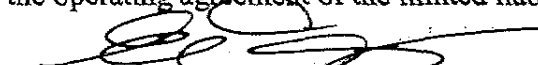
Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

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 of a member or authorized representative of a member)

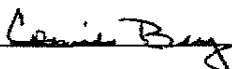
Emilio Fernandez

(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.*

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(Signature of Registered Agent)



CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

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

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