

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093148

FILED
Apr 07, 2014
Secretary of State

Entity Name: ZION INSURANCE GROUP, LLC

Current Principal Place of Business:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Principal Place of Business:

1265 S LANE AVE
SUITE 8
JACKSONVILLE, FL 32205

Current Mailing Address:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Mailing Address:

1265 S LANE AVE
SUITE 8
JACKSONVILLE, FL 32205

FEI Number: 20-3788865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOGGINS, LUCINDA C
6338 WHITBY CT
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

NEUENDORF, TIFFANY L
10713 LONG COVE STREET
JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIFFANY NEUENDORF

04/07/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: VP
Name: TOWNSEND, FRANK L III
Address: 1265 S LANE AVE, SUITE 8
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: TOWNSEND, EARNESTEEN
Address: 1265 S LANE AVE, SUITE 8
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: EARNESTEEN TOWNSEND

P

04/07/2014

Electronic Signature of Authorized Person

Date