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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Duningan Fatibuliana)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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SCURETARY OF STATE RESIDENCE CORPORATIONS

Ra Change



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: July 14, 2020

Order#: 341713/005

Re: FRANKLIN STREET INSURANCE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: FRANKLIN STREET INSURANCE SERVICES, LLC						E SERVICES, LLC
2.	(a)	1311 N Westshore Blvd.		(b	1311 N	Westshore Blvd.
	` '	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	·	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 200			Suite 2	00
		TAMPA, FL 33607			TAMPA	A, FL 33607
		12/11/2007			L070001	22920
3.		Date of filing/registration in Florida	4	1.		Document number
5.	(a)	Cathey, Eual Tyler				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1311 N Westshore Blvd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 200				tate:
		TAMPA	_, FL_336	607		_
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	stered Off	ice ad	dress:	SELRETAR VASION OF C
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee	_, FL	301		
ch ag wa	ange ent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the reg ted liabili bers of th	istere ity co ie lim	ed office impany, i iited liabi	and the business office of the registered t is hereby confirmed that the change(s) ility company or as otherwise provided in
Signature of a member of authorized representative of a member					Cilmi, Au	thorized Person
I pr th to no	here ovisi e obl mer otified	ture of a member of authorized representative of a member by accept the appointment as registered agent antions of all statutes relative to the proper and complications of my position as registered agent as property of the change in the registered office address of the writing of this change.	d noree t	forme r in (eby co	ance of n Chapter 6 onfirm th	Printed or typed name of signee apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been Kirby, Asst. Vice President
S	gnatu	re of Registered Agent				