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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206

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LLC REGISTERED AGENT CHANGE FRANKLIN STREET INSURANCE SERVICES, LLC

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APR 2 4 2024 K. Brumbley 4/23/2024 09 64:47 PDI To: 18506176383 Page: 2/2 Fex: 8134365206

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. Na	ame of the limited liability company:	ranklin Street Insu	urance Services,	LLC
2. (a)			(b)	
()	Principal office address of limited liabil (Note: MUST BE STREET ADI			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/11/07		 L07000:	122920
3.	Date of filing/registration in F	lorida	4.	Document number
	LEGALING CORRODATE SERVICES INC		,	Document number
5. (a)	Registered Agent and Registered Office shown	State		
(b)	476 RIVERSIDE AVE.	ome.		
	Registered Office Address GMUST BE FLO			
	JACKSONVILLE	, FL.	32202	2021
	Northwest Registered Agent LLC	2024 APR 23		
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered (Office address:	ω - -23 :
	7901 4th St N			문원
	NEW Registered Office Address:	-		7
	STE 300			<u> </u>
	St. Petersburg	, FL	33702	
the cha agent v was/w	ange or changes are made, the Florida strail will be identical. Or, in the case of a Florida	reet address of t orida limited lial the members of	the registered o bility company the limited lia	f Florida, it is hereby confirmed that after ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
10.25	িলিয়া এই স্কা		Nat Smith	
Signa	ture of a member or authorized representative of	a member		Printed or typed name of signee
provisi the obi to mer	hy accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered off d in writing of this change.	agent and agre and complete p ent as provided ice address, I h	ee to act in this performance of for in Chapter ereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Jun /	Taylor Newman	- Assistant Sed	cretary	
Signatu	re of Registered Agent			