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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: April 21, 2014

Order#: 101938/001

Re: POLICY DOG, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Sylvia Queppet

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

2. (a)			(b)		
2. (a)	Principal office address of limiter (Note: MUST BE STREE	d liability company:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	800 2nd Avenue S., Ste. 380				
	St. Petersburg, FL	33701		<del> </del>	
	10/29/2008		L08	000101439	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a)	Registered Agent Solutions, In	c.			
(,	Registered Agent and Registered Office s		f the Florida Dept.	of State:	
	Registered Office Address (MUST B	E FLORIDA STREET	ADDRESS)		
	155 Office Plaza Drive, Suite A	-			9 [] []
	Tallahassee, FI	, F	L32301	APR 23	ş Mə
(b)	Corporation Service Company				25 25
(0)	Enter name of NEW Registered Agent a	ind/or <u>NEW Registere</u>	d Office address:		ست. الروا
	1201 Hays Street			PM 11: 47	
	NEW Registered Office Address:			<del></del>	
		,		<del></del>	
	Tallahassee	, F	L <u>32301</u>		
the cha agent v was/we	inge or changes are made, the Flor will be identical. Or, in the case of	ida street address of a Florida limited lote of the members	of the registered iability compan of the limited li e limited liabilit		tered i)
Signat	ture of a member or authorized representa	tive of a member	Dona Prie	Printed or typed name of signee	
I herei provisi the obl to mere	hy accept the appointment as regis	stered agent and as	gree to act in this e performance of ed for in Chapto I hereby confirn	is capacity. I further agree to comply with of my duties, and I am familiar with and acer 605, F.S. Or, if this document is being just that the limited liability company has been	the scep filed n

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00