

12/4/2019

12/4/2019
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE
THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 2, 2010 and assigned Florida document number L10000092298.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

800 W. Yamato Road, Suite 100

Boca Raton, Florida 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation,

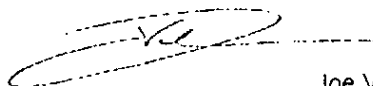
Florida 33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.



Joe Villeda/Asst Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nation Safe Drivers Holdings, LLC	800 W. Yamato Road, Suite 100	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Smith	800 W. Yamato Road, Suite 100	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stuart Morris	800 W. Yamato Road, Suite 100	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Frank Esposito	800 W. Yamato Road, Suite 100	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Smith	800 W. Yamato Road, Suite 100	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Henry	800 W. Yamato Road, Suite 100	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

