

L12000020383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

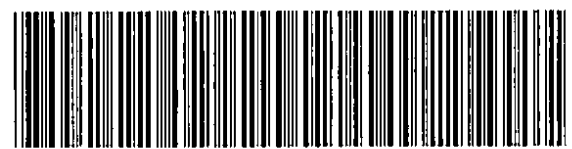
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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K. SALY

DEC 2 . 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 557569 8174612  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : December 24, 2018  
ORDER TIME : 12:21 PM  
ORDER NO. : 557569-005  
CUSTOMER NO: 8174612

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CHANGE OF AGENT

NAME: BEACON-NATIONAL INSURANCE  
ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

**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: BEACON-NATIONAL INSURANCE ASSOCIATES, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2201 CANTU COURT SUITE 200  
SARASOTA FL 34232

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2201 CANTU COURT SUITE 200  
SARASOTA FL 34232

3. 02-13-2012 Date of filing/registration in Florida  
 4. L12000020383 Document number

5. (a) ROBERT MCMANUS  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2201 CANTU COURT  
SARASOTA, FL 34232

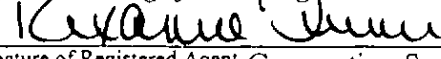
(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X  ROBERT MCMANUS, COO  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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.*

 Roxanne Turner  
 Signature of Registered Agent Corporation Service Company BY: Asst. Vice President