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K.SALY EXAMINER JUL - 5

COVER LETTER

TO: Registration Section

Divis	sion of Corporations				
SUBJECT:	The Insurance Store USA, I	_LC			
SUBJECT	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and for	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	ollowing:		
Gardner B	3. Browne				
	Name of Person		_		
The Insura	ance Store USA, LLC				
	Firm/Company		_		
80 Roval i	Palm Pointe Suite 403				
	Address	, <u>.</u>			
Vero Read	ch, FL 32960				
	City/State and Zip Code	 	_		
ahrowne@	ngtheinsstoreusa.com				
•	address: (to be used for future an	nual report notific	cation)		
	nformation concerning this matter	-			
Gardner E	3. Browne	772	696-5655		
	Name of Person	at (Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fon Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	JLING ADDRESS: distration Section ision of Corporations Box 6327 lahassee, Florida 32314		
Enc	closed is a check for the following amount:				
☑ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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. N	ame of the limited liability company: The Insurance	ce Store US	A, LLC			
_ (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	511 So. Orange Blossom Trail	80	80 Royal Palm Pointe Suite 403			
	Apopka, FL 32703	Vero Beach, FL 32960				
	02/21/2012	L12	2000024845			
3.	Date of filing/registration in Florida	4.	Document num	nber		
5. (a)						
υ. (α)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t. of State:			
	Gardner B. Browne					
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)				
	948 20th St			~ ~		
	Vero Beach , F	_L 32960		FILED 2016 JUL -1 PM 12: 09 SECRETARY OF STATE FALLAHASSEE. FLORID		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1000 11		SSE		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<u>i</u> :	PHIZ: 09		
				TS R		
	NEW Registered Office Address:			09		
	80 Royal Palm Pointe Suite 403			: *		
	Vera Baseh	32060				
	Vero Beach, F	L_32960				
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability composition of the limited of the limited e limited liabi	ed office and the busine any, it is hereby confir I liability company or a	ess office of the registered med that the change(s)		
Sign	ature of a member or authorized representative of a member		Printed or typed	name of signee		
I here provis the ob to men notifie	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completeligations of my position as registered agent as providing reflect a change in the registered office address, and in writing of this change. Surreted Registered Agent	gree to act in i e performanc led for in Cha I hereby confi	this capacity. I further e of my duties, and I an pter 605, F.S. Or, if th rm that the limited liab	agree to comply with the n familiar with and accept is document is being filed vility company has been		