

9/26/2016

Division of Corporations

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

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Account Number : 120040000167
Phone : (305)377-0809
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kimberly@pbyalaw.com

**LLC REGISTERED AGENT CHANGE
SUREQUOTE INSURANCE SERVICES LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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S Warren

SEP 27 2016

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: SUREQUOTE INSURANCE SERVICES LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1035 STATE ROAD 7 #215

WELLINGTON, FL 33414

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1035 STATE ROAD 7 #215

WELLINGTON, FL 33414

11/30/2012

L12000149908

3. Date of filing/registration in Florida

4.

Document number

5. (a) JENKINS, WAYNE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14745 MORGAN CLOSE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Wellington, FL 33414

(b) PBYA CORPORATE SERVICES, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 S. ANDREWS AVE. Suite 600

NEW Registered Office Address:

Fort Lauderdale, FL 33301

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.

Signature of a member or authorized representative of a member

Wayne Jenkins

Printed or typed name of signer

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.

Signature of Registered Agent

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

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