

L13000039430

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
ELEMENTS PROPERTY INSURANCE MANAGERS, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Elements Property Insurance Managers, LLC

2. (a) Principal office address of limited liability company: 2019 Centre Pointe Boulevard
 (Note: MUST BE STREET ADDRESS) Suite 102
Tallahassee, FL 32308

(b) Mailing address of limited liability company: 2019 Centre Pointe Boulevard
 (Note: MAY BE POST OFFICE BOX) Suite 102
Tallahassee, FL 32308

March 14, 2013 L13000039430

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Travis Miller

Registered Office Address: 301 South Bronough Street
Suite 200
Tallahassee, FL 32301

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

NEW Registered Agent: Graig E. Bahrenfeld

NEW Registered Office Address: 601 Bayshore Boulevard
 (Note: MUST BE FLORIDA STREET ADDRESS) Suite 700
Tampa, FL 33606

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.

Robert L. Ricker
 Signature of a member or authorized representative of a member

Robert L. Ricker
 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 608, 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]
 Signature of Registered Agent

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

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