L13000043082

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 22, 2020

Order#: 430136/021

Re: SUPERIOR INSURANCE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

2. (a)	3500 Overland, Ste.200		(b) PO Box	1001
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Los Angeles, CA 90034	_	Vernon,	CT 06066
	03/22/2013		L1300004	13082
3. 5. (a)	Date of filing/registration in Florida SAWICKI, JOSEPH	4.		Document number
/. (u)	Registered Agent and Registered Office shown on the records of 1344 N State Rd 7	he Flori	da Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE	SS)	
	Margate FL	33063		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office s	ddress:	
	NEW Registered Office Address:		<u> </u>	_
	1201 Hays Street			_
	Tallahassee, FL	32301		_
change	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red office a company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
vas/we	cies of organization of the operating agreement of the			
vas/we	/s/ Joshua Sawicki	Jo	shua Sawic	ki, Authorized Person
was/we the arti		<u>Jo</u>	shua Sawic	Printed or typed name of signee

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company