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RETARY OF STATE

FEB 1 6 2015 T. CARTER

COVER LETTER

TO: Régistration Section Division of Corporations	
United Nations Insurance, LI SUBJECT:	LC
Nam	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	his matter to the following:
Natalie Ghislandi	
Name of Person	
United Nations Insurance, LLC	
Firm/Company	
21218 Saint Andrews Blvd #400	
Address	
Boca Raton, FL 33433	
City/State and Zip Code	
natalie@uniagency.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	, please call:
Natalie Ghislandi	561 988-2542
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: United Nation	ns Insur	ance, LL	.C		
	•					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liab		
	7200 W Camino Real, Ste 302					
	Boca Raton, FL 33433					
	2/14/14		L14000	027821		
3.	Date of filing/registration in Florida	4.		Document number		" '
5. (a)	Karen LoConti-Diaz					
J. (L.,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_		
	7200 W Camino Real Ste 302					TA'S
	Boca Raton , FI	33433			5 FEB	LL AF
4.					9-9	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:		PH	HOYEN HOYEN
					بب	Es:
					မ္	DRIC
	NEW Registered Office Address:				•	Σ A
	6549 Timber Lane			_		
	Boca Raton , FI	33433		_		
the chagent was/w the art Sign I here provis the obto men	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member erby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete foligations of my position as registered agent as provided rely reflect a change in the registered office address, I are the registered of the registered of the registered of the registered agent and agent and agent and agent agent agent and agent	f the regical interest in the control of the limited in the control of the contro	stered officompany, it inted liabil liability co	ce and the business office is hereby confirmed that ity company or as otherwisempany. Printed or typed name of signacity. I further agree to	of the rethe chan ise provi	egistered ge(s) ded in

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