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(Address)						
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(Document Number)						
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MIS PEC 15 P 2:5

S Warren

DEC 19 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 14, 2016

Order#: 409867/012

Re: MANUFACTURED HOME INSURANCE USA, 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:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

1.	Na	me of the limited liability company: MANUFACTURE	D HOM	1E INSURA	NCE USA, LLC	
2	(a)	40 Wall Street, 60th Floor	(b)		
-	(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		New York, NY 10005	_			
		02/28/2014	_	L140000	34555	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Corporations Depot				
٠.	(-)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	e:	
		240 NW Peacock Boulevard				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_	
		Suite 102				
		Port Saint Lucie , FL	34986		- FI (1)	
	(b)	Corporation Service Company			LED 15 P 2: 54 TARY OF STATE ASSEE, FLORIDA	
		Enter name of NEW Registered Agent and/or NEW Registered (Office add	dress:	D 2: !	
		1201 Hays Street			54 RIDA	
		NEW Registered Office Address:			- · · · ·	
				-	-	
		Tallahassee , FL_	32301		_	
th ag wa	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co the lim	stered offic ompany, it i iited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
_		Yaakov Beyman	Yaa	kov Beyma	n, Authorized Person	
7	here	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t	e to act perform	t in this cap ance of my	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept	
th to no	e obl mere tified	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	for in C ereby c	Chaptér 60. onfirm that	5, F.S. Or, if this document is being filed the limited liability company has been	
S	gnatu	re of Registered Agent Corporation Service Company	BY: S	ylvia Quer	ppet, Asst. Vice President	