## 215000119486

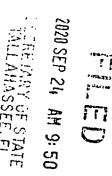
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone #	)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name	)			
(Document Number)					
Certified Copies	_ Certificates of	f Status			
Special Instructions to Filing Officer:					
		1			

Office Use Only



100352447961

09/24/20--01019--011 \*\*25.00



Ja 10/218/20



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@cscgiobal.com

Date: September 22, 2020

Order#: 430136/001

Re: B&Z INSURANCE AGENCY, 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.

. (a)	580 Village Blvd (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)
	Ste. 300				
	West Palm Beach, FL 33409			Vernon, C	T 06066
	07/17/2015		L	.150001194	486
. (a)	Date of filing/registration in Florida SAWICKI, JOSHUA	4.		!	Document number
(a)	Registered Agent and Registered Office shown on the records	of the Flori	da [	Dept. of State	· :
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE.	SS)		
	Margate ,	FL_33063			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office :	ıddı	ress:	
	Corporation Service Company				
	NEW Registered Office Address:  1201 Hays Street				
	Tallahassee	FL_32301			
iange gent w as/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the	the registe Hiability or rs of the li	red om mit	l office and ipany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ Joshua Sawicki	Jo	shu	ua Sawicki,	, Authorized Person
Signat	ure of a member or authorized representative of a member				Printed or typed name of signce
rovisie ne obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ily reflect a change in the registered office address, I in writing of this change.	agree to ac ete perforn ded for in I hereby	et in nan Ch con	n this capa ace of my d apter 605, afirm that th	city. I further agree to comply with the uties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been

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

Division of Corporations ▶ P.O. Box 6327 ■ Tallahassee, FL 32314

Signature of Registered Agent