Division of Corporations Electronic Filing Cover Sheet

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To:

nivision of Corporations

Fax Number : (850)617 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)366 2689

**Enter the email address for this cusiness entity to be used to annual report mailings. Enter only on- email address please

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LLC REGISTERED AGENT CHANGE COMMUNITY UNDERWRITERS GROUP, LLC

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MAY 1 5 2020

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Community Lie	odonuritore Group IIIC					
SUBJECT:	JECT:					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Jackie DeFilippis						
Name of Person						
InCorp Services, Inc.						
Firm/Company						
3773 Howard Hughes Pkwy. · Suite						
Address	· ·					
Las Vegas, NV 89169-6014						
City/State and Zip Code						
Documents@incorp.com						
E-mail address: (to be used for future annual rep-	ort notification)					
For further information concerning this matter, please	call:					
Jackle DeFilippis for InCorp Services, Inc.	(702) 866-2500 Ext. 6915					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amoun	nt:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

TO:

Registration Section

H20000142688 3

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparishments 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: Community U	Jnderw	riters Group,	LLC
2. (a)			(b)	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE PQST OFFICE BOX)
	2385 NW Executive Center Drive Suite 100		2385 NW	Executive Center Drive Suite 100
	Boca Raton, FL 33431		Boca Rat	on, FL 33431
	02/03/2017		L1700002	7713
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	, Hartman, James			
J. (A	Registered Agent and Registered Office shown on the records	of the Flo	orida Dept. of Sta	te:
	2385 NW Executive Center Drive - Suite 100			
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)	_
				_
	Boca Raton	FL	33431	Ž.
	,	гь		1.020 1.020
(b)	InCorp Services, Inc.			HA)
(5)	Enter name of NEW Registered Agent and/or NEW Register	red Offic	e nddress:	2020 HAY 14 SECRETARY ALLAHASSET
	17888 67th Court North			S. P. P.
	NEW Registered Office Address:			Six C
	NEST Registree of the Figure 1	- -		: 53 HE HDA
	Loxahatchee		33470	
	LOXATIZICITOS	FL		_
chang agent was/w	limited liability company is not organized under the ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of the stree	he regis liability s of the he limit	nered office at y company, it i limited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
	latore of a member or authorized representative of a member	-		Printed or typed name of signee
l hero provis the ob- to me notific	eby accept the appointment as registered agent and a sions of all statules relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, ed in writing of this change. Jackie DeFilippis			
Signat	ture of Registered Agent			
				TT 34314

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00