3/6/2018

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803 : (855)330-1010

Fax Number

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## LLC REGISTERED AGENT CHANGE US INSURANCE ADVISORS LLC

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Corporate Filing Mente

S. WARREN

MAR 0 7 2018

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## 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.	Name of the limited liability company: US INSU	JRANCE ADV	/ISORS LLC			
2. (i	, 7300 N. FEDERAL HWY	(b) 7300 N. FEDERAL HWY				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)				
	SUITE 200	SUITE 200				
	BOCA RATON, FL 33487	BOCA RATON, FL 33487				
	06/09/2017	L17000127386				
3.	Date of filing/registration in Florida	4. De	ocument number			
5. (	a) DAVID DI PIETRO & ASSOCIATES, P.A					
• . (	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of State:				
	101 NE 3RD AVE.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	SUITE 1410					
	FORT LAUDERDALE	(33301# <sup>)</sup>	<b>ಹ</b>			
	Registered Agents Inc		FIL HAR-7			
(t	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	Apr			
			# <b>3</b> 5			
	3030 N. Rocky Point Dr.		<u>₩</u>			
	NEW Registered Office Address:	\$ . No.	A 4 03 FSTATE FLORIDA			
	STE 150A	y'				
	Tampa	L_33607				
the cagen was/ the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the State of Florion of the registered office and liability company, it is ho of the limited liability of the limited liability compa Riley Park	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any.			
	nature of a member or authorized representative of a member		rinted or typed name of signee			
prov the c to m	reby accept the appointment as registered agent and as islons of all statutes relative to the proper and complet bligations of my position as registered agent as provide erely reflect a change in the registered office address, lightly spitting of this change.  Bill Havre - Assista	gree to act in this capaci e performance of my dut led for in Chapter 605, f I hereby campro that the nt Secretary	ity. I farther agree to comply with the ties, and I am Jamiliar with and accept S. Or, if this document is being filed I limited liability company has been			
Sign	thure of Registered Agent					

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