LIMDDC	2402:
(Requestor's Name) (Address) (Address)	8003353890
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	T GLASS

OCT 0 8 2019

COGENCY	'GLOBAL'	115 N CALHOUN TALLAHASSEE, F P: 866.625.0838 F: 866.625.0839 COGENCYGLOB
Date: 10/07/2	019	Account#: I2000(
	ritt Walker	,
Name		
Reference #:	FIRST CITY INS	URERS, LLC
Articles of Incol	poration/Authorization to Tra	insact Business
Amendment		
Change of Age	nt	÷
Reinstatement		
Conversion		•
Merger		
Dissolution/With	ndrawal	
E Fictitious Name		
Other		
Authorized Amount:	\$25	
Signature:	<u> </u>	
CORPORATE HQ COGENCY GLOBAL INC	EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED	PASIA PACIFIC HQ COGENCY GLOBAL (HK

- .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT (LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited submits the following statement in order to change its registered office or registered agent, or bot Florida.

2. (a)		(b)	
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	:	Mailing address of limited li (<u>Note: MAY BE POST (</u>
	No Change	No	Change
	November 21, 2017		L170002402
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SMITH HULSEY & BUSEY, Professiona	I Association	
	Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	of State:
	One Independent Drive, Suite 3300		
	Registered Office Address (MUST BE FLORIDA STRE		
		<u>LET ADDKESS)</u>	. ,
		<u>, FL_32202</u>	
(Ե)			
(b)	JACKSONVILLE	. FL_32202	
(b)	JACKSONVILLE COGENCY GLOBAL INC.	. FL_32202	
(b)	JACKSONVILLE COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	. FL_32202	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confithe change or changes are made, the Florida street address of the registered office and the business offic agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed thawas/were authorized by an affirmative vote of the members of the limited liability company or as othervthe articles of organization or the operating agreement of the limited liability company.

/s/ Max Staplin

Signature of a member or authorized representative of a member

Max Staplin Printed or typed name of 8

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familie the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this docum to merely reflect a change in the registered office address. I hereby confirm that the limited liability connotified in writing of this change.

Signature of Registered Agent

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