

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000255632

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
 Account Number : 076077001654
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT CHANGE
 TIER ONE LIFE INSURANCE,LLC**

Certificate of Status	0
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K. Brumbley

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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: Tier One Life Insurance, LLC
2. (a) 14286 Beach Blvd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
#19-260
Jacksonville, Florida 32250
- (b) 14286 Beach Blvd.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
#19-260
Jacksonville, Florida 32250
3. 11/01/2018
Date of filing/registration in Florida
4. L18000255632
Document number
5. (a) Brandon L. Jenkins
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14286 Beach Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
#19-260
Jacksonville, FL 32250
- (b) Scott W. Vieth, Esquire
Enter name of NEW Registered Agent and/or NEW Registered Office address:
625 Court Street
NEW Registered Office Address:
Suite 200
Clearwater, FL 33756

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

[Signature]
Signature of a member or authorized representative of a member

Brandon L. Jenkins, Manager

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

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