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| | To: | Division of Corporations Fax Number : (850)617-6383 | | SECR | 2020 JAN 28 | |
|--------------|--------|--|---------|------|-------------|--|
| AM 6: 0.5 | From: | Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address: | | | | |
| 928 JAN 0303 | | LLC REGISTERED AGI BRYTEBRIDGE INSURANCE | | | | |
| 120 | ! ! | Certificate of Status | 0 | | | |
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JAN 29 2020

To: 18506176363 From: 14693173436 Date: 01/27/20 Time: 3:22 PM Page: 02/02

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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. | Na | me of the limited liability company: BRYTEBRIDGE | INSUR | ANO | CE SOLUTI | IONS, LLC | | | | |
|--|-------------------|---|--------------------------------------|----------|--|---|---|------------------------|-------------------------|--|
| 2. (| a) | | (| b) | | | | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2822 SUMMERPELD RD. | | | M | ailing address of l | ing address of limited liability company: Note: MAY BE POST OFFICE BOX | | | |
| | | | | | 2822 SUMMERFIELD RD. | | | | | |
| | | WINTER PARK, FL 32792 | | | WINTER PARK, FL 32792 | | | | | |
| | | 11/12/2019 | | Ļ | 1900027019 | 95 | | | | |
| 3. | | Date of filing/registration in Florida | - 4. | | | Document num | ber | | | |
| 5. (a) | (a.) | INCORP SERVICES, INC. | | | | | | | | |
| | (1) | Registered Agent and Registered Office shown on the records of t | ept. of State, | <u>⊊</u> | SEC | 202 | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRES. | 5) | | | 71. | 2020 JAN | 771 SEP. | |
| (b) | | 17888 67TH COURT NORTH | | | 25 | ₩ 2 | tabab a | | | |
| | | LOXAHATCHEE .FL | 33470 | | | | ECRETATO OF ST TALLAPASSEE, I | α | Ti | |
| | b) | LEGALING CORPORATE SERVICES INC. | | | | | | AM 11: 17 | U | |
| | | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | ddro | 22: | | J.T.E | [] | | |
| | | LEGALING CORPORATE SERVICES INC. | | | | | | | | |
| | | NEW Registered Office Address: | | | | | | | | |
| | | 5237 SUMMERLIN COMMONS BLVD, SUITE 400 | | | | | | | | |
| | | FORT MYERS, FL, | 33907 | ••• | | | | | | |
| chan agen was/ the a Sig I he prov the of | nation rebrishmen | or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all standes relative to the proper and complete regations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | registers bility co the lin imited l | ed omp | office and to any, it is he disability comparing | the business of nereby confirm company or as any. | Tice of the ed that the otherwise) Au Same of sign | e registe change provi | ered gc(s) ded in | |
| e: | . 4 | Many Tung | | | | | | | | |
| Sikin | utur | e of Registered Agent | | | | | | | | |

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