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Special Instructions to Filing Officer:						
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Office Use Only



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COVER LETTER

TO: Registration Section

1NHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	INSURANCE SOLUTION SERVICES, LLC					
NOBIECT.	Name of Limited Liability Company					
Dear Sir or A	vladam:					
The enclosed	I Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning	ng this matter to the	following:			
CATHERINI	E BOWDEN					
	Name of Person		_			
AMERILIFE						
	Firm/Company					
2650 McCOF	RMICK DR. 2008					
	Address					
CLEARWAT	TER, FL 33759					
	City/State and Zip Co	de				
CBOWDEN	@AMERILIFE.COM					
E-mail	address: (to be used for future	: annual report notif	ication)			
For further in	nformation concerning this ma	itter, please call:				
САТНҮ ВОУ		727 at (726-0726 X. 75007			
	Name of Person	\	Area Code & Daytime Telephone Number			
Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	losed is a check for the follow	wing amount:				
a \$3	25 Filing Fee	S55 Filing Fee & Certified Copy				

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.

. Na	me of the limited liability company: INSURANCE SO	LUTIC	ON SERVICES	LLC
2. (a)	27251 WESLEY CHAPEL BLVD.	(b) 27251 WE		ESLEY CHAPEL BLVD.
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE. #222	_	STE, #222	
	WESLEY CHAPEL, FL 33544	_	WESLEY	CHAPEL, FL 33544
	04/02/2020		L200000945) 72
3.	Date of filing/registration in Florida	4.		Document number
i. (a)	JORGE Y. RODRIGUEZ, JR.			
. (,	Registered Agent and Registered Office shown on the records of to JORGE Y. RODRIGUEZ, JR.	he Flor	ida Dept, of State	e:
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> 27251 WESLEY CHAPEL BLVD., SUITE 222	(DDŖE	<u>(\$5)</u>	_
	WESLEY CHAPEL . FL	33544		2021
(b)	R. NATHAN HIGHTOWER, CHIEF LEGAL/ADM OFFI Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		address:	FILED 2021 SEP 16 AM 10: 48
	AMERILIFE			O D
	NEW Registered Office Address:			84
	2650 McCORMICK DR, 200S			
	CLEARWATER, FL_	33759		_
hange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li limited	ered office and company, it is mited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
rovisio he obli o mere otifica	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have this change.	perfor	mance of my a	luties, and Lam Jamiliar with and accent

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