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From: Kaity Toon

## 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.

L. Ni	ame of the limited liability company: American United	Employers II	, LLC		
2. (a)	No Change	(b) <sup>N</sup>	o Change		
2. (u)	Principal office address of finited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(07	Mailing address of limited ( <u>Note: MAYBE POST</u> )		
	2054 Vista Parkway, Suite 300	2054 Vista Parkway, Suite 300 West Palm Beach, FL 33411			
	West Palm Beach, FL 33411				
	12/17/2020	L2(	0000390150		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Cogency Globat, Inc				
•	Registered Agent and Registered Office shown on the records of	the Florida De	pt of State		
	115 North Calhoun		<u> </u>		
	Registered Office Address (MUST BE FLORIDA STREET.				
	Si #4				
	Tallahassee	. 32301		2022	
(ს)	C T Corporation System			- NUC	يو ا د د مهر
(0)	Enter name of NEW Registered Agent and/or NEW Registered	<u>\$</u> .		[	
				PH I2: 32	
	NEW Registered Office Address:				*** · /
	1200 South Pine Island Road		$\sim$		
	Plantation, FI	3.3324			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- rere authorized by an affirmative vote of the members ficles of organization or the operating agreement of the	f the register ability com of the limite	ed office and the business off bany, it is hereby confirmed th d liability company or as other	ice of the registe (at the change(s)	red
	Se Dans	Joe Day	ns, Manager		<del>~~~</del>

Printed or typed name of signee Signature of a merpher or authorized representative of a member Thereby 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. C T Corporation System Michele Holden, Asst Sect.

By

Signature of Registered Agent

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25,00**