## 121000504342

(R	equestor's Name)						
(A	ddress)	<del> </del>					
(Address)							
(C	ity/State/Zip/Phone	#)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to Filing Officer:							

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Y SULKER JAN 00 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 358994 8366381								
AUTHORIZATION: Spelle man								
COST LIMIT : \$ 25.00								
ORDER DATE: December 29, 2021								
ORDER TIME : 2:10 PM								
ORDER NO. : 353994-005								
CUSTOMER NO: 8366381								
CHANGE OF AGENT								
WINE ENGINEER THEFT AND A STREET								
NAME: EMBEDDED INSURANCE AGENCY, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland EXT#								

EXAMINER:

## 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	ame of the limited liability company: EMBEDDED IN	SURAN	CE	AGENC	Y, LLC			
(a)		(	(h)					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	.~,		Mailing address	of limited lia <i>BE POST O</i>	ibility co	mpany: BON)
	1000 BRICKELL PLAZA UNIT 3701	_		1389 CEI	NTER DRIVE SUITE #200			
	MIAMI, FL 33131	_	PARK CITY, UT 84098					
	11/29/2021		L	.21000504	4342			
	Date of filing/registration in Florida	4.			Document nu	umber		
(a)								
•	Registered Agent and Registered Office shown on the records of FLORIDA REGISTERED AGENT LLC	the Floric	ia I	Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del></del>	,	20	
	7901 4TH ST N STE 300					•	171	
	ST. PETERSBURG, FL	33702			_	5	N	- [
					_	- 83	ယ	
(b)					_	- 53	AH	•
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddr</u>	ress)		77 Z	AH 10: 26	
	Corporation Service Company  NEW Registered Office Address:  1201 Hays Street					L H	26 26	
					_			
					_			
	Tallahassee FL	32301						
ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	red om nit	office an ipany, it is ed liabilit	d the business s hereby confi y company or	s office of i	the reg the cha	istered inge(s)
/ Adri	ian Hummel_	Ad	Adrian Hummel					
_	ture of a member or authorized representative of a member				Printed or type	-		
herei ovisi e obl mere otifie	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	e to ac perform I for in ereby c	t ir ian Ch on	n this cape ace of my e apter 605 firm that	acity. I furthe duties, and I a 5, F.S. Or, if t the limited lia	r agree to m familian his docum bility com	compl with a ent is b pany h	y with the ind accep peing filed as been
Ý	ana tokuhi							
ignatu	re of Registered Agent							