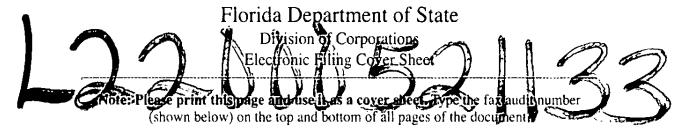
6/14/24, 12:47 PM

Division of Corporations



(((H24000208722 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 

## LLC REGISTERED AGENT CHANGE 1985 INSURANCE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON JUN 14 2024

Electronic Filing Menu

Corporate Filing Menu

Help

12

## 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	tme of the limited liability company: 1985 INSURAN	ICE SOLUTIONS LLC
2. (a)	1331 S FEDERAL HWY UNIT 424	(b) 1331 S FEDERAL HWY UNIT 424
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	BOYNTON BEACH, FL 33435	BOYNTON BEACH, FL 33435
	12/12/2022	88-4395661 / 220052
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4. Document number
	Registered Agent and Registered Office shown on the records of t 476 RIVERSIDE AVE.	the Florida Dept. of State:
•	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
	JACKSONVILLE FL.	32202
		•
(b)	Corporate Creations Network Inc.	1000
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	TOTICE address:
	801 US Highway 1	
	NEW Registered Office Address:	
	North Palm Beach	33408
change agent v was/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	~	Joanna Fernandez, Attorney- In- Fact
Signa	Joanna Fernandez ture of a glember or authorized representation of a member	Printed or typed name of signee
proviși the obl to merc notifici	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
	oanna Fernandez,  Doanna Fernandez,  Doanna Fernandez,	, Special Secretary