L23000397693

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(Doddinon Hamber)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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100424988231

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2024 MAR -6 AM II: 27



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195									
REFERENCE : 358680 7408659									
AUTHORIZATION :									
COST LIMIT : \$ 25.00	_								
ORDER DATE : March 5, 2024									
ORDER TIME : 9:53 AM									
ORDER NO. : 353630-005									
CUSTOMER NO: 7408659									
CHANGE OF AGENT									
NAME: LIVING SECURE INSURANCE ADVISORS, LLC									
ADVISORS, ELC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Amanda Miller 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.

l.	Na	me of the limited liability company: LIVING SECUR	RE INSU	JR/	ANCE ADVI	ISORS, LLC			
7	(a)	18100 Von Karman Avenue 10th Floor		(b)	701 B St F	16			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		lailing address of (Note: MAY BI		-	
		Irvine, CA 92612			San Diego,	, CA 92101-8 ⁻	156		
			<u></u>						
		08/24/2023		i	L230003976	693			
3.		Date of filing/registration in Florida	4.		[Document nun	nber		-
5.	(a)								
-	(-)	Registered Agent and Registered Office shown on the records of AREVALO, ODALYS		da I	Dept. of State:	:			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S.S)</u>					
		7757 W FLAGLER ST STE 210	0			2024 TĂL			
		MIAMI FI	33144				TÄLLAHÁSS	2024 MAR -6	<u>-</u>
							SSE	9-	T T
	(b)	CALL OF THE STATE	1 O.C	~			mg.	A	ļ l 1
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office 8	aa	<u>::ess</u> ;		0.15	AH 11: 27	U
		Corporation Service Company					LORIDA	27	
		NEW Registered Office Address:		_			1.4		
		1201 Hays Street							
		Tallahassee, FI	_32301 						
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited live re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	red on mit	l office and pany, it is led liability	the business of hereby confirt company or a	office of the	ne regis he chai	stered nge(s)
					ann, Authorized Person				
	~	ure of a member or authorized representative of a member				Printed or typed	-		
pro the to t	ovisie obli mere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I it writing of this change.	ree to ac perforn d for in hereby c	t i nar Cli con	n this capac uce of my du apter 605, . firm that th	city. I further uties, and I am F.S. Or, if thi ne limited liabi	agree to c i familiar is docume ility comp	comply with an nt is be any ha	with the nd accept ing filed s been
$\underline{\mathcal{I}}$	<u>)</u>	Oce CKUDLe Grace E. Kirby. Asst. Vice F	Presiden	ŧ					
Sig	gnatur	e of Registered Agent							