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	From:	
		Account Name : CAPITOL CORPORATE SERVICES, INC.
		Account Number : I20160000048
	40	Phone : (800)345-4647
t, 5		Fax Number : (800)432-3622
	불은모	(000) (000)
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Æ.	of the th	e email address for this business entity to be used for future
۵_	Öğ annu	al report mailings. Enter only one email address please.**
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AG PANAMA RE HOLDINGS, LLC

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M. SOLOMON

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit	ant to the provisions of sections 605.0114 or 605.0116 is the following statement in order to change its reg	Florida Statutes, the undersigned limited liability company istered office or registered agent, or both, in the State of			
Plorid	AG PANAMA	RE HOLDINGS, LLC	7		
1. Na	me of the Limited Liability Company:				
2. (a)	12360 MARKET DRIVE	(b) 12360 MARKET DRIVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OPFICE ROX)			
	OKLAHOMA CITY, OK 73114	OKLAHOMA CITY, OK 73114			
	9/11/2023	L23000422994			
3.	Date of filing/registration in Florida	4. Document number			
5. (a)	INCORP SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of t	he Florida Dopt. of State:			
	3458 LAKESHORE DRIVE		<u>, </u>		
	Registered Office Address (MUST BILFLORIDA STREET ADDRESS)				
			٠.		
	TALLAHASSEE , FI.	32312			
			U		
(b)	Capitol Corporate Services, Inc.		-		
	Enter name of NEW Registered Asont and/or NEW Registered	Office address:	ݦ		
	515 East Park Avenue 2nd Fl		ι. VI		
	NEW Registered Office Address:				
	 ;				
	Tallahassee , FL	32301			
the cha agent v	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	es of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) If the limited liability company or as otherwise provided in limited liability company.			
	ar off-	Denver Green			
_	ture of a member or authorized representative of a member	Printed or typed name of signos			
I here. provisi the obl to mere notified	hy accept the appointment as registered agent and agn ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I h I in writing of this change.	te to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited flability company has been			
	78	adecki, Assistant Secretary on			
Signalu		of Capitol Corporate Services, Inc.			
	Division of Corporations P.O. B FILING FI				

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