(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	. <u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

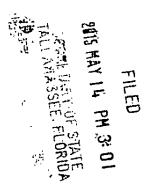
Office Use Only



800272911628

Change

05/14/15--01014--020 **25.00



5/20/15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585941-079

Re: AMERILIFE DIRECT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

. (a)	2650 McCormick Drive	_ (b)	2650 McCor	mick Drive
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			Suite 200S	3
	Clearwater, FL 33759	_	Clearwater, Fl	_ 33759
	02/05/2009	_ _	M090000048	4
•	Date of filing/registration in Florida	4.	Doc	ument number
. (a)	Nathan R Hightower			
	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:	
	2650 McCormick Drive			A STATE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suite 200S			FILED PH 3: 01
	Clearwater , FL 33759			
(b)	Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	. ,
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
he cha gent v vas/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability con of the limi	tered office and mpany, it is here ted liability con	the business office of the register by confirmed that the change(s) npany or as otherwise provided in
he arti	icies of organization of the operating agreement of the			
he arti	Angle Or her -			n, Authorized Person

I hereby 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.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP