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(Requestor's Name)				
(Address)				
(Address)				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

Office Use Only



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01/05/17--01015--019 **25.00



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: January 3, 2017

Order#: 435614-024

Re: INSUREONE INDEPENDENT INSURANCE AGENCY, 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: Tecora Bell

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.

1. N	Name of the limited liability company: INSUREC	ONE INDEPENDE	ENT INSURANCE AGENCY, LLC
2 (a)	6500 International Parkway	(b)_	
2. (u)	Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plano TX 75093		
	02/27/2002	1	M02000000539
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
J. (u	Registered Agent and Registered Office shown on the reco	ords of the Florida D	ept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	PLANTATION	.FL 33324	
(b)			
	/		100 mm
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office addre	RETARY OF S
	4004 Have Charat		
	1201 Hays Street NEW Registered Office Address:		<u> </u>
			108 208 208
	Tallahassee	,FL 32301	an
		,1 <u>D</u>	
the chagent was/v	limited liability company is not organized under nange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida lim were authorized by an affirmative vote of the mem ticles of organization or the operating agreement	ress of the registe lited liability com- nbers of the limite of the limited lial	erred office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
Sign	nature of a member or authorized representative of a member		mi, Authorized Person Printed or typed name of signee
I her provi the oi to me	reby accept the appointment as registered agent as sions of all statutes relative to the proper and conbligations of my position as registered agent as prefer to a change in the registered office addred in writing of this change.	nd agree to act in nplete performan rovided for in Ch	this capacity. I further agree to comply with the comply with the comply with the comply with and acceptor 605. F.S. Or. if this document is being file.
Signa	Luce of Registered Agent Corporation Service Comp	 bany BY: Gra	ce E. Kirby, Asst. Vice President