(Req	uestor's Name)	<del>                                     </del>	
(Add	ress)		
(Add	ress)	<u> </u>	
(City.	/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			
'JUN 1 1 2013			
L. SELLERS			
	. <u></u> -	•	

Office Use Only



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06/07/13--01003--012 \*\*25.00



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: May 21, 2013

Order#: 652897-011

Re: SJA 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.

<u>XX</u> Please return evidence to the following:

Attn: Evelyn Wright

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 608.416 or 608.508, 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. Name of the limited liability company: SJA INSUF	RANCE AGENCY, LLC		
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 11405 N. Community Ho Suite 500 Charlotte, NC 28277	use Road	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11405 N. Community Ho Suite 500 Charlotte, NC 28277	use Road	
06/30/2003	M03000002236		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	n on the records of the Florida	a Dept. of State:	
Registered Agent:	Incorp Services, Inc.		
Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470	- 1800	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office ad	<u>dress</u> :	
<u><b>NEW</b></u> Registered Agent:	Corporation Service Con	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	1201 Hays Street	
(MOST BE TECKIDA GIREET MEDICESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chanthe members of the limited liability company or as off the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a age(s) was/were authorized by the provided in the article	ne registered office Florida limited an affirmative vote of es of organization or ARRY OF	
Dona Priebe, Authorized Person Printed or typed name of signee  I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation.	and agree to act in this capac he proper and complete perfoi ny position as registered ager to merely reflect a change in t	ity. I further agree to rmance of my duties, at as provided for in the registered office	
address, I hereby confirm that the limited liability con By: Share Letyle	npany has been notified in wr	iting of this chänge.	
Signature of Registered Agent Corporation Service Compa	ny Grace E. Kirby, Assista	int VP	
Division of Corporations, P.O. Bo	ox 6327, Tallahassee, FL 32	314	

**FILING FEE: \$25.00** 

INHS18 (05/08)