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K. SALY DEC 15 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: December 12, 2016

Order#: 393906-030

Re: HBW INSURANCE SERVICES, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25....

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: Grace Kirby

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.

OUCA.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. Na	ame of the limited liability company: HBW INSURA	NCE SER	RVICES, L.	L.C.
2. (a)	10375 E HARVARD AVE, SUITE 100 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DENVER CO 80231	_		
	05/17/2004	 .	M04000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T Corporation System			
. ,	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of Sta	ite:
	1200 South Pine Island Road			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				TAIL DE
	Plantation , FI	L <u>33324</u>	.	FILE IL P
(b)	Corporation Service Company			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad-	dress:	- 79
	1201 Hays Street			PR 2:39 EE. FLORID
	NEW Registered Office Address:			- "
	Tallahassee . FI	L 32301		
the cha agent v was/we	imited liability company is not organized under the latinge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the of the regis iability co of the lim e limited I	State of F stered offic ompany, it nited liabilities liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signat	ture of a member or authorized representative of a member	3111 (Olimi, Autri	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to act e perform ed for in (hereby co	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	BY: G	race E. K	irby, Asst. Vice President

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00