M06000002392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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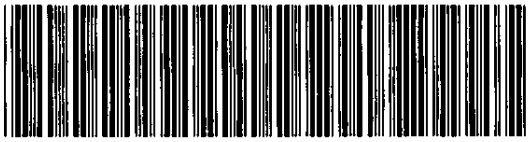

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Change

05/05/15--01002--021 **25.00

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2015 JUL 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015
A RAMSEY

X00789, 00611, 00524, 00671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotwire Insura, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Murphy/Legal Department
Name of Person

Hotwire Communications
Firm/Company

One Belmont Avenue, Suite 1100
Address

Bala Cynwyd, PA 19004
City/State and Zip Code

lmurphy@hotwiremail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Murphy at (484) 572-6054
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2015

Laurie Murphy/LegalDepartment
Hotwire Communications
One Belmont Avenue, Suite 1100
Bala Cynwyd, PA 19004

SUBJECT: HOTWIRE INSURA, LLC
Ref. Number: M06000002392

We have received your document for HOTWIRE INSURA, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Arthur Polsky needs to sign the form in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 115A00010035

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. Name of the limited liability company: Hotwire Insura, LLC

2. (a) Principal office address of limited liability company: ***(Note: MUST BE STREET ADDRESS)***

One Belmont Avenue, Suite 1100

Bala Cynwyd, PA 19004

(b) Mailing address of limited liability company: ***(Note: MAY BE POST OFFICE BOX)***

One Belmont Avenue, Suite 1100

Bala Cynwyd, PA 19004

3. Date of filing/registration in Florida: April 27, 2006

4. Document number: M060 0000 2392

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Hotwire Communications/Diane Zelmer

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

3521 W. Broward Boulevard

Fort Lauderdale, FL 33312

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TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Hotwire Communications/Arthur Polsky

NEW Registered Office Address:

3521 W. Broward Boulevard

Fort Lauderdale, FL 33312

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Kristin Johnson, Member

Printed or typed name of signee

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

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

INHS18 (2/14)