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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporatio	ns $_{_{\mathfrak{P}}}$	
SUBJ	ECT:		RANCE GROUP, LLC
-		Name of Limited	d Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agen	t/Registered Office (Change and fee(s) are submitted for filing.
Please	return all corresponden	ce concerning this m	atter to the following:
	Liao Cropolio for In	aam Camiaaa laa	
	Lisa Granskie for In Name of P		<u></u>
	Incorp Ser	vices, Inc.	
	Firm/Com	pany	
	375 N. Stephanie	St. Suite 1411	
	Address		
	Henderson, N\ City/State and		
	City/State and	Zip Code	
E-	lisa.granskie@ mail address: (to be used for fut	Dincorp.com ure annual report notificatio	on)
For fu	rther information concer	ning this matter, plea	ase call:
Lina	Cranakia far Inaara S	andaa laa	700
Lisa	Granskie for Incorp S	ervices, inc. at (702) 866-2500 x 6508 Area Code & Daytime Telephone Number
	, and of Ferson		Thea code at Daytime Telephone Number
	STREET/COURIER AI	DDRESS:	MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
	2661 Executive Center C	ircle	Tallahassee, Florida 32314
	Tallahassee, Florida 3230		Tananasse, Florida 52514
	Enclosed is a check fo	r the following amo	ount:
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

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:O'Bl	RIEN INSURANCE GROUP	² , LLC				
2. (a) Principal office address of limited liability comp	any:					
(Note: MUST BE STREET ADDRESS)						
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)						
09/04/2007	M07000005363					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	Corporation Service Compa	iny				
Registered Office Address:	1201 Hays Street					
	Tallahassee, FL 32301-252	5 6	INSE			
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:	JAN 15	CRETAR			
NEW Registered Agent:	Incorp Services, Inc.	70	<u> </u>			
NEW Registered Office Address:	17888 67th Court North	<u></u>				
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee ,	FL <u>33470</u>				
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						
Rosemary O'Brien Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I fu proper and complete performance position as registered agent as pro merely reflect a change in the regis any has been notified in writing of	rther agre of my dut wided for stered offic this chang	e to ies, in ce ge.			
Signature of Registered Agent NOVO Services Inc.						