

10700005783

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
MAXIM INSURANCE SOLUTIONS, LC LLC**

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EXAMINER

H110000351743

# 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: MAXIM INSURANCE SOLUTIONS, LC LLC

2. (a) Principal office address of limited liability company: 110 East Ash Street,

(Note: MUST BE STREET ADDRESS)

Columbia, Missouri 65203

(b) Mailing address of limited liability company:

110 East Ash Street,

(Note: MAY BE POST OFFICE BOX)

Columbia, Missouri 65203

9/25/2007

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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:

INCRP SERVICES, INC.

Registered Office Address:

17888 67TH COURT NORTH  
LOXAHATCHEE FL 33470

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

NEW Registered Agent:

Business Filings Incorporated

NEW Registered Office Address:

1203 Governors Square Blvd, Suite

(MUST BE FLORIDA STREET ADDRESS)

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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

Jay Griebel, 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 608, 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.

Mark Williams, AVP, Business Filings Incorporated  
Signature of registered agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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