## M0700006103

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
; ;						
,						

Office Use Only



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05/14/15--01014--011 \*\*25.00



DR 5/19/15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585940-334

Re: AMERICAN INSURANCE ADMINISTRATORS 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.

XX Please return evidence to the following:

Attn: Lindsey Lockard

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 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.

t. :	Name of the limited liability company: AMERICAN INS	URANCE A	DMINISTRATOR	RS, LLC	
2. (2	2650 McCormick Drive	(b)	(b) 2650 McCormick Drive		
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Suite 200S		uite 200S		
	Clearwater, FL 33759		Clearwater, FL 3	3759	
	10/10/2007	<u>N</u>	07000006103		
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (	a) NRAI Services, Inc.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			FILED PH 4: 38	
	1200 South Pine Island Road			<b>基</b>	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				FILED NATESEE	
	_Plantation, FL_	33324		TO I	
(b)	, 1 L_	00024	······································		
	Corporation Service Company			38 107 107	
,	Enter name of NEW Registered Agent and/or NEW Registered 6	Office addres	<u>s</u> :	· ***	
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee, FL_	32301			
the c agen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the land.	the register bility comp f the limited	ed office and the any, it is hereby I liability compar	business office of the registered confirmed that the change(s)	
Cia.	ignature of a member or authorized representative of a member			uthorized Person	
I hei provi the o to me notifi	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided arely reflect a change in the registered office address, I have a few of this change.	re to act in performanc for in Cha ereby confi	his canacity I f	r typed name of signee Turther agree to comply with the nd I am familiar with and accept r, if this document is being filed ed liability company has been	
Signa	More C-Kubl, sture of Registered Agent Corporation Service Company	BY: Grac	e E. Kirby, Ass	t. VP	

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