## M07000000000

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
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SECRETARY OF STATE

Mr. 23 915



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: July 20, 2015

Order#: 711526-009

Re: AMERICAN INSURANCE ADMINISTRATORS LLC

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.

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.

2. (a)	2650 McCormick Drive	(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)
	Clearwater, FL 33759	<del></del>	Clearwater, FL 33759
	10/10/2007		M07000006103
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
(-,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	1201 Hays Street		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		= = = =	
			EG - TE
	Tallahassee , FL	32301	L SO N L
			dress:
(b)	R. Nathan Hightower, Esq	066	70 -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office and	PRESS:
	2650 McCormick Dr		O'''
	NEW Registered Office Address:		
	<del></del> ,		
	Suite 200S		
	Clearwater, FL	33759	
the cha agent was/w	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability con of the limitimited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
Signa	ture clar ember or authorized representative of a member	Done	a Priebe, Authorized Person  Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not make the control of this change.  The of Registered Agent R. Nathan Hightower, Esq.	ree to act performa d for in C hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file Confirm that the limited liability company has been