M08000001218

| (Red | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Add | dress) | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2015 PSC & P 2: 53'

SECRETARY OF STATE
ALLAHASSEE FLORIDA.

S Warren DEC 1 9 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

٧.

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 14, 2016

Order#: 409867-015

Re: SIG AGENCY, 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: Janis M. Smith 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) | 1090 Kensington Park Drive, #2000 | (b) | |
|-------------------|--|-------------------------------------|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Altamonte Springs, FL 32714 | | |
| | 03/13/2008 | M0 | 08000001218 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | Corporations Depot | | |
| . (a) | Registered Agent and Registered Office shown on the records of | of the Florida Dep | t. of State: |
| | 240 NW Peacock Boulevard | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS) | |
| | | 171DDRESS) | |
| | Suite 102 | | |
| | Port Saint Lucie . F | L 34986 | |
| | , - | | |
| (b) | Corporation Service Company | | po di co di |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office address | TASSET OF THE |
| | | | N. S. O. |
| | 1201 Hays Street | | T 0 F |
| | NEW Registered Office Address: | | P 2: 53 |
| | Tallahassee , F | L 32301 | |
| | | • | |
| f the I he cha | imited liability company is not organized under the lange or changes are made, the Florida street address or | aws of the Stat | e of Florida, it is hereby confirmed that after double and the business office of the registered |
| igent v | will be identical. Or, in the case of a Florida limited | liability compa | any, it is hereby confirmed that the change(s) |
| vas/w he art | ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the limited | liability company or as otherwise provided in |
| | | | |
| | /s/ Yaakov Beyman Yaakov Gignature of a member or authorized representative of a member | | Beyman, Authorized Person Printed or typed name of signee |
| _ | by accept the appointment as registered agent and agions of all statutes relative to the proper and completing at the proper and completing actions of my position as registered agent as providely reflect a change in the registered office address, and the control of the contro | gree to act in to te performance | · · · · · · · · · · · · · · · · · · · |

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