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Office Use Only



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RAcharge

05/14/15--01014--013 **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#: 585941-175

Re: AMERILIFE MARKETING GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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.

| Name of the limited liability company: AMERILIFE MARKETING GROUP, LLC | | | | | LC | |
|--|--|--|---|---|---|--|
| 2 | (a) | 2650 McCormick Drive | (b) | 2650 M | cCormick Drive | |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | Suite 200S | - | Suite 200 | S | |
| | | Clearwater, FL 33759 | _ | Clearwate | er, FL 33759 | |
| | | 08/04/2008 | _ | M0800000 | 03636 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5. | (a) | Nathan R Hightower, Esquire | | | | |
| | • • | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2650 McCormick Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | : | |
| | | | | | FILED FILED STATE | |
| | | | | | | |
| | | Suite 200S | 33759 FEED | | | |
| | | Clearwater , FL_ | 33759 | | SSEE ED | |
| | (b) | Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | STATE STATE ALLORIDA | | |
| | | 1201 Hays Street | | | | |
| | | NEW Registered Office Address: | | | | |
| | | | | | | |
| | | Tallahassee , FL_ | 32301 | | | |
| the ag wa | e cha ent w s/we arti | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility con the limit | ered office apany, it is ed liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| | | ure of a member or authorized representative of a member | Elizabeth A. Dawson, Authorized Person | | | |
| I i pr the to no | herel ovisi obli mere tified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | e to act i erforma for in Ci ereby coi | n this cana | Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been | |
| Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP | | | | | | |

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