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(Req	(uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	<u></u>	<b>—</b>		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873454-303

Re: WRIGHT NATIONAL FLOOD INSURANCE SERVICES, 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: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive 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

۱.	Na	me of the limited liability company: WRIGHT NATIO	NAL FLO	OOD INSURANCE SERVICES, LLC
2.	(a)	801 94th Avenue North	(b)	220 S. Ridgewood Ave.
	` '	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 110		Daytona Beach, FL 32114
		Saint Petersburg, FL 33702	_	
		01/27/2009	_	M0900000375
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:		
		1200 SOUTH PINE ISLAND ROAD		<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)	2
		PLANTATION , FL	33324	drew:
				- j
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (	Mico mild	demo:
		Table traine or <u>Allow Registered Agent</u> and At <u>Established Con-</u>	711100 400	<u></u>
		1201 Hays Street		
		NEW Registered Office Address:		<del></del>
		Tallahassee . FL_	32301	
the ag wa th	e cha ent v as/we e arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab- iere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the leave.  Combined to the program of the leave of the member of the leave of the	the regist bility con the limi imited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) iited liability company or as otherwise provided in
_	Signat	ture of member or authorized representative of a member		Printed or typed name of signee
pr th to no	ovisi e obl mere stifleç	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.  The of Registered Agent Corporation Service Company	ee to act performa I for in C erehy co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
S	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Assistant Vice President

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