M09000000484

(Re	equestor's Name)		
(Ad	idress)		
(Ac	ldress)		
(Cil	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE



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: June 29, 2015

Order#: 585941-079

Re: AMERILIFE DIRECT, 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.

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)
	Suite 200S		Suite 200S
	Clearwater, FL 33759		Clearwater, FL 33759
	02/05/2009	<u> </u>	M09000000484
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Nathan R Hightower		
J. (u	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	2650 McCormick Drive		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	Suite 200S		
	Clearwater , FL	33759	SECT TALL
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ress:
	1201 Hays Street		JUL-6 AM II: 45 CRETARY OF STATE LLAHASSEE, FLORIT
	NEW Registered Office Address:		ATE ARIDA
	Tallahassee , FL	, 32301	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registe ability con of the limit	ered office and the business office of the registered in the property of the change (s) ted liability company or as otherwise provided in
	Auguse and an	Elizat	beth A. Dawson, Authorized Person
Sign			Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP