## MOGOOODAIAS

(Re	equestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								
		-						

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MILLS & SUIZ



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@cscqlobal.com

Date: July 20, 2015

Order#: 711526-008

Re: AMERASSURE MARKETING GROUP, 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

SECKETARY OF STATE TALLAHASSEE, FLORID

## 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.

1.	Na	ame of the limited liabili	ty company:	AMERASSURE	MARKE	ING GROUP, LL	.C		
2.	(a)	2650 McCormick Dr  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			(b)	(b) 2650 McCormick Dr  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Suite 200S				Suite 200S			
		Clearwater	FL	33759	_	Clearwater	FL	33759	
		06/03/2009				M09000002125			
3.		Date of filing/	egistration in	Florida	4.	Docur	nent number		
5.	(a)	Corporation Service Registered Agent and Regist		vn on the records of	the Florida	Dept. of State:			
		1201 Hays Street		<del></del>		<del></del>			
	Registered Office Address MUST BE FLORIDA STREET				<u> 4DDRESS)</u>				
		Tallahassee		, FL	, 32301		2015 JUL SECRET		
	(b)	R. Nathan Hightower, Esq					S 2	Chandle 14990 But Filtration	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			Office add	ffice address:			
		2650 McCormick Dr					P 3: 31 F STATE , FLORID	Ö	
		NEW Registered Office Ad	dress:						
		Suite 200S	<del></del>				-		
		Clearwater		FI	, 33759				
				, 1 12	, 00100				
the age wa	e cha ent v is/we	imited liability company inge or changes are made vill be identical. Or, in t ere authorized by an affi cles of organization or t	e, the Florida he case of a F rmative vote (	street address of Florida limited lia of the members o	the regist ability cor of the limi	ered office and the npany, it is hereb ted liability comp	ne business office of y confirmed that the	of the registered he change(s)	
		Tel			Dona	Priebe, Authoriz	ed Person		
5	Signa	ture of t me ber or aumorize	d representative	of a member	·		or typed name of sign	nee	
pro the to	ovisi e obl mere	by accept the appointme ons of all statutes relative igations of my position of ely reflect a change in the d in writing of this chang	ve to the prop is registened o e registered o	ed agent and agr er and complete agent as provide office address, I	ee to act i performa d for in C hereby coi	n this capacity. nce of my duties, hapter 605, F.S. nfirm that the lim	I further agree to c and I am familiar Or, if this docume ited liability comp	comply with the with and accep nt is being filed any has been	
Si	gnatu	re of Registered Agent R. N	athan Highto	ower, Esq.					