M0900002126

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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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#: 585942-172

Re: NATIONAL SERVICE GROUP OF AMERILIFE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.0.

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.

OUCA.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.

	ame of the limited liability company: NATIONAL SE				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b) 2650 McCormick Drive Mailing address of limited liability com (Note: MAY BE POST OFFICE BE		
	Suite 200S		Suite 200S		
	Clearwater, FL 33759		Clearwater, FL 33759		
	06/03/2009	_	M09000002126		
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 I	Dept. of State:		
	2650 McCormick Drive				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Suite 200S				
	Clearwater , FL	33759	- 11881	215	givig Sivig
(b)	Corporation Service Company			MAY I 4	ON OUT
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:		F CO.
	1201 Hays Street			PH 12:	APORT
	NEW Registered Office Address:			·: -5	T. N.
	Tallahassee	22204			
	, FL	32301			
the chagent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registe ability com of the limit	ered office and the business office apany, it is hereby confirmed that and liability company or as otherw	e of the re	egistered ige(s)
	August Associative of a member	Elizab	Elizabeth A. Dawson, Authorized Person		
Signa	ature of a member or authorized representative of a member		Printed or typed name of s	ignee	
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did no writing of this change.	ree to act in performar d for in Ch hereby con	n this capacity. I further agree to ace of my duties, and I am familio apter 605, F.S. Or, if this docum firm that the limited liability con	o comply ar with an nent is bei npany has	with the id accept ing filed s 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