M0900000 3430

(Requestor'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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1. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 23, 2015

Order#: 878693-009

Re: AGGRESSIVE INSURANCE SERVICES, 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: Janis M. Smith 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.

1.	Na	me of the limited liability company: AGGRESSIVE	INSURA	NCE SERV	ICES, LLC			
2.	(a)	4500 Fuller Drive	(b	o)				
۲.	()	Principal office address of limited liability company:			Mailing address of	limited liabi	lity cor	npany:
	•	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE	POST OFF	FICE B	<u>(OX</u>)
		Suite 400						
	·	Irving T> 75038			, _			
		08/31/2009	_	М090000	03430			
3.		Date of filing/registration in Florida	4.		Document nun	ıber		
5.	(a)	NRAI Services, Inc						
٥,	()	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	e:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET	<u>5)</u>	_				
					-			
		Plantation, FI	L <u>3332</u> 4	1	•••	S:	585	
	41.5	Comparation Coming Company				<u>-</u>	- E	T
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	<u>-</u>	305	~ ≤	process .
		Line in the control of the control o		<u></u>			Ċì	i
		1201 Hays Street					1	damen er
		NEW Registered Office Address:			-	VORION TORION	<u>ઃ </u>	- vs.gs-, a
		Tallahassee, FI	1. 32301		-			
					-	_		
th ag W	e cha gent v as/w	imited liability company is not organized under the latinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lin	stered offic- ompany, it i nited liabilit	e and the busing is hereby confiri ty company or a	ess office of the commend that the	of the he cha	registered inge(s)
		(Tak)	Dor	na Priebe, A	Authorized Perso	on		
_	Signa	tun of member or authorized representative of a member			Printed or typed		iee	
th to	rovis ie ob mer	by accept the appointment as registered agent and ag ions 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 d in writing of this change	ree to ac e perform ed for in (hereby c	t in this cap vance of my Chapter 60: onfirm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to c n familiar is docume ility comp	compl with a nt is b any h	y with the and accept eing filed as been
S	ignati	Those Tokyolic re of Registered Agent Corporation Service Company	BY: C	Brace E. Ki	rby, Assistant	Vice Pres	siden	t