Division of Corporations

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| To:   |   | O API |
|       | Division of Corporations Fax Number : (850)617-6383                                       | . ?   |
| From: | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 | # O   |

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE PETS BEST INSURANCE SERVICES, LLC

| Certificate of Status | U       |
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## 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.

| I. Na  | me of the limited liability company:   | FRANCE SERVI  | (1,1,4,1), 1,1,1,1,1  |
|--|--|---|---|
| 2. (a)   | 2323 S Vista Ave, Ste 100, Boise, ID 83705   | (b) 2323  | S Vista Ave. Ste. 100. Boise, ID 83705  |
| 2. (a)   | Principal office address of linuted liability company: (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|  | 09/03/2009   |   | 0003498  Document number  |
| 3.   | Date of filing/registration in Florida CORPORATION SERVICE COMPANY   | 4.  | Document number   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of a   | the Florida Dept o  |   |
|  | Registered Office Address  | 2020 APR -  |   |
|  | TALLAHASSEE  | 32301   | -2  |
| (ს)  | C T Corporation System  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office address  | M 10: 34  |
|  | NEW Registered Office Address  |   |   |
|  | 1200 South Pine Island Road  |   |   |
|  | Plantation, F1.  | 33324   |   |
| the chagent  | dimited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of the memb | the registered<br>ability company<br>of the limited li<br>limited liability                                   | office and the business office of the registered<br>y, it is hereby confirmed that the change(s)<br>ability company or as otherwise provided in<br>y company.                                 |
| _  | ture of a member sentative of a member   |   |   |
| provis<br>the ob<br>to mei                                       | thy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It is finishing af this change.  | ree to act in thi,<br>performance of<br>d for in Chapte<br>hereby confirm                                     | s capacity. I further agree to comply with the of my duties, and I am jamiliar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been   |
| попри  | CAT Corporated System  | ilis, VP & Asst.  |   |
| the chagent was/w the art Signal I here provis the object to mer | limited liability company is not organized under the lay ange or changes are made, the Florida street address of swill be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of occasions of the members of icles of occasions of the members of icles of occasions of the members of the members of icles of occasions of the appointment as registered agent and agricions of all stantes relative to the proper and complete ligations of my position as registered agent as provide well reflect a change in the registered office address. It   | ws of the State<br>the registered<br>ability company<br>of the limited li<br>limited liability<br>lared Hight | office and the husiness office of the registy, it is hereby confirmed that the change(ability company or as otherwise provided y company.  1. Vice President  Printed or typed name of signee |