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(Perus	store Name				
(Requestor's Name)					
(1)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Busine	ess Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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TALL SERVING BERNALD SERVING S



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: November 16, 2020

Order#: 490368-006

Re: PFS INSURANCE 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: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive 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: PFS INSURANCI	E GRO	DUF	P, LLC
2.		4848 THOMPSON PARKWAY, SUITE 200		(b)	4848 THOMPSON PARKWAY, SUITE 200
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	, · · / _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		JOHNSTOWN, CO 80534	_ _	- , -	JOHNSTOWN, CO 80534
		11/09/2009		М	M09000004423
3.5.	(a)	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS INC	4.		Document number
٥. (١	(a)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR STE A	ne Flori	da D	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>5.5)</u>	
		TALLAHASSEE, FL_	32301		
(b	(b)	Corporation Service Company			چې
	(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ıddr	2020 NOV 18 PH 1: 09
		NEW Registered Office Address:			
		1201 Hays Street			2
		Tallahassee , FL	32301		1:09
cha age	inge ent v s/we	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable authorized.	registe bility of the li imited	red com mite l lial	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	iann	ture of a member or authorized representative of a member	JII		CILMI, AUTHORIZED PERSON Printed or typed name of signee
I h pro the to i not	erei ovisi obl nere ified	by accept the appointment as registered agent and agree on a first statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address. I he is a provided the proper and complete pigations of my position as registered office address. I he is a plange of this change of Registered Agent	e to ac perform for in ereby (ct in nan Chi con,	in this capacity. I further agree to comply with the