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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#: 585941-006

Re: AMERILIFE AND HEALTH FINANCIAL SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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.

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. N	ame of the limited liability company: AMERILIFE &	HEALTH F	INANCIAL SERVICES	S, LLC
2. (a)	2650 McCormick Drive	(b)	2650 McCormick D	rive
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	s of limited liability company: Y BE POST OFFICE BOX)
	Suite 200S		Suite 200S	
	Clearwater, FL 33759	<u> </u>	Clearwater, FL 3375	59
	12/21/2009	 _	M09000004988	
3.	Date of filing/registration in Florida	4.	Document i	number
5. (a)	Nathan R Hightower Esq.			
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:	
	2650 McCormick Drive			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Suite 200S			No. [©]
	Clearwater , F	L <u>33759</u>		SECS IVISION
(b)	Corporation Service Company			FILLON OF S
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addi	ress:	87.0
	1201 Hays Street			D OF SHAPE PRADEN PM 12: 02
	NEW Registered Office Address:			
				~ .
	Tallahassee , FI	L 32301		
the cha agent was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the flower of a member or authorized representative of a member oby accept the appointment as registered agent and aging to fall statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I d in writing of this change.	f the registriability consofthe limited lia Elizal	ered office and the bus npany, it is hereby con- ed liability company of ability company. Deth A. Dawson, Author Printed or typen this capacity. I furth	siness office of the registered infirmed that the change(s) or as otherwise provided in orized Person ped name of signee her agree to comply with the

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