## Florida Department of State

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## LLC REGISTERED AGENT CHANGE HOTCHKISS INSURANCE AGENCY, LLC

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JUN 80 2923

## 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.

	ne of the limited liability company: HOTCHKISS IN	SURANC	E AGENCY.	, LLC				
	1120 INTERNATIONAL PARKWAY, SUTTE 2000		(b) 4120 INTERNATIONAL PARKWAY, SUITE 2000					
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  CARROLLTON, TX 75007					
	CARROLLTON, TX 75007	<u> </u>						
	07/15/2010		M10000003					
3.	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document num	ber			
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address OMUST BE FLORIDA STREET			_				
	PLANTATION , F	L 33324		<del>-</del>	,	<b>53</b>		
(b)	Corporate Creations Network Inc.			_	A CO	<b>73</b> J		
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office i	iddress:			NUL 1	بار 1944ء	
	801 US Highway 1			_	38.EC	90 9	AND AND ILED	
	NEW Registered Office Address:				EI ON	PM III	<u>د</u> س	
	North Palm Beach	FL33408			분파	56		
chang agent	limited liability company is not organized under the see or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the second control of the second cont	liability s of the l he limite	company, it imited liabil d liability co	is hereby confin ity company or a	med that t	he cha	ngc(s)	
Sign	nature of a member or authorized representative of a member			Printed or typed				
I her provi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi welv reflect a change in the registered office address,	ded för i I hereby	n Chapter 60 confirm tha	05, F.S. Or, if the straight of the limited liab	ns accume bility comp	comply with a ent is b eany he	with the and accept eing filed as been	
nony	ed in viriting of this change.		Marja Souz	a, Special Secret	ary			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00