

Florida Department of State  
Division of Corporations  
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**M10000003587**

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**LLC REGISTERED AGENT CHANGE  
TRUE CAPITAL INSURANCE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
2023 AUG -4 PM 12:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG -4 PM 6:15  
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TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: TRUE CAPITAL INSURANCE SERVICES, LLC

2. (a) 101 California Street Suite 2900 (b) 101 California Street Suite 2900

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SAN FRANCISCO, CA 94111

SAN FRANCISCO, CA 94111

08/12/2010

M10000003587

3. Date of filing/registration in Florida

4. Document number

5. (a) eResidentAgent, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 US Highway 1

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

North Palm Beach, FL 33408

(b) Corporate Creations Network Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

801 US Highway 1

NEW Registered Office Address:

North Palm Beach, FL 33408

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TALLAHASSEE, FL 32314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Caitlin Lazarus

Caitlin Lazarus, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00