| (Requ | estor's Name) | | | | | | |
|---|----------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Addr | ess) | | | | | | |
| (City/ | State/Zip/Phon | e #) | | | | | |
| PICK-UP | MAIT | MAIL | | | | | |
| (Busi | ness 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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JUL 2 3 2015

3 MASON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-022

Re: GLOBAL INSURANCE MARKETING, 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: Grace Kirby

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. | Na | me of the limited liability company: GLOBAL INSURA | ANCE M | IARKETIN | G, LLC | | |
|---------------------------|-------------------------------|--|--|---|---|--|---|
| 2 | (a) | 2650 McCormick Dr | (b) 2650 McCormick Dr | | | | |
| Δ, | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) |] | Mailing addres (Note: MA | | bility company: |
| | | | Suite 200S | | | | |
| | | Clearwater FL 33759 | _ | Clearwat | er | FL_ | 33759 |
| | | 10/19/2010 | <u>-</u> | M100000 | 04609 | · | |
| 3. | | Date of filing/registration in Florida | 4. | | Document | number | |
| 5. | (a) | Corporation Service Company | | | | | |
| | (-) | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | - 5: | | |
| | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | 1201 Hays Street | | | | | |
| | | Tallahassee FT. | 22201 | | | 221 | |
| | | Tallahassee , FL | 32301 | | - | · · · · · · · · · · · · · · · · · · · | tree . |
| | (b) | R. Nathan Hightower, Esq | | | | | (.1.5.000 |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered O | office add | ress: | - | 22 P | g married to |
| | | | | | | TS T |] [: [:] |
| | | 2650 McCormick Dr | | | | 7.55 5.51 5.51 | السبأ |
| | | NEW Registered Office Address: | | | ` ` | - 김취 . | - |
| | | Suite 200S | | | | <i>></i> | |
| | | | | | • | | |
| | | Clearwater .FL | 33759 | | | | |
| the age wa | cha nt v s/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility cor the limi | ered office npany, it is ted liability | e and the bu s hereby cor y company (| siness office Ifirmed that | of the registered the change(s) |
| | | | Dona | Priebe, A | uthorized P | | |
| S | ignat | ut of inember of authorized representative of a member | | | Printed or ty | ped name of sig | nee |
| pro the to i not | visi obli nere ified | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided if y reflect a change in the registered office address, I he in writing of this change. The of Registered Agent R. Nathan Hightower, Esq. | e to act i erforma for in Ci reby coi | in this cape nce of my e hapter 605 nfirm that i | acity. I furt duties, and . , F.S. Or, i the limited l | her agree to I am familian f this docum iability com _i | comply with the with and accept ent is being filed pany has been |