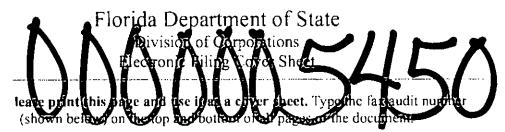
From: David Thomas

10/11/24, 11:43 AM

Division of Corporations





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2024-10-11 09:46:44 CST



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE FALVEY INSURANCE SERVICES, LLC

Certificate of Status	0
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M. SOLOMON

OCT 1 4 2024

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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

2. (a)	66 Whitecap Dr.	(b) 66	(b) 66 Whitecap Di		
2. (4)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compat (Note: MAY BE POST OFFICE BOX)	-	
	North Kingstown, R1 02852	Nor	rth Kingstown, RI 02852		
	12/09/2010	M100	000005450		
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 Florida Dept.	of State:		
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
			20		
	TALLAHASSEE, FI	32301-2525	2024 OCT 11 SEGRETAR SEGRETAR	a F	
(b)	C T Corporation System			4	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address			
	NEW Registered Office Address:		<u> </u>	_ <del></del>	
	1200 South Pine Island Road				
	Plantation FL	33324			
the cha agent v was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the State f the registered ability compar of the limited I	d office and the business office of the reg ny, it is hereby confirmed that the change liability company or as otherwise provide	istered (s)	
	Kan Kowa	KARA KO	OROSEC, MANAGER		
•	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.  CT Corporation System	ree to act in the performance of for in Chap, hereby confirm	his capacity. I further agree to comply wi cof my duties, and I am familiar with and ster 605, F.S. Or, if this document is bein m that the limited liability company has b	ith the accept g filed een	

Signature of Registered Agent SEAN'T EMERICK ASSISTANT SECRETARY