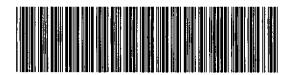
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(Reque	stor's Name)					
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SECRETARY OF STATE

S Warren FEB 2 7 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 22, 2017

Order#: 518086-009

Re: BIZINSURE 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: Ami Casper

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: BIZINSURE L	LLC			
2.	(a)	222 BROADWAY #6	(b))		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		OAKLAND C# 94607				
		03/23/2012	 -	M12000001678		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	PARACORP INCORPORATED				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		155 OFFICE PLAZA DRIVE				
		Registered Office Address (MUST BE FLORIDA STREE		<u>/</u>		
					2011	
		TALLAHASSEE , I	FL <u>32301</u>	LARET		
•	(b) Corporation Service Company				% \	2
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	Iress:	יי ה		
		1201 Hays Street		FLORK	<u>8</u>	
		NEW Registered Office Address:			&	
		Tallahassee , I	FL <u>32301</u>			
the ag	cha ent w s/we	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	of the regist liability con s of the limi	tered office and the business of mpany, it is hereby confirmed ited liability company or as oth	ffice of the registered that the change(s)	
		Xee & Cone	Jill C	ilmi, Authorized Person		
I l pro the to no	nerel ovisio obli mere viied	or of a member or authorized representative of a member by accept the appointment as registered agent and a conso of all statutes relative to the proper and complete to the proper agent as provided by reflection change in the registered office address, in writing of this change.		Printed or typed name in this capacity. I further agree ince of my duties, and I am family thapter 605, F.S. Or, if this do infirm that the limited liability on M. Casper, Asst. Vice Pre	re to comply with the ailiar with and accept cument is being filed company has been	
		- · · · · · · · · · · · · · · · · · · ·		L /		

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