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(Re	questor's Name)	<u> </u>							
(Ad	dress)								
bA)	dress)								
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificates	of Status							
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SECRETARY OF PH 1: 10

JUN 17 2014 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: June 2, 2014

Order#: 151864-006

Re: ANNUIX INSURANCE AGENCY, 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: Janis M. Smith 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: ANNUIX INSURA	ANCE A	GENCY, LI	LC				
2.	(a)	300 N. FIFTH AVENUE, SUITE 150	_ (b)						
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		PRAIR	_						
		ANN ARBOR MI 48104	_						
		05/17/2012		M120000	02765				
3.		Date of filing/registration in Florida	4.		Document number	r			
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.			_				
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		155 OFFICE PLAZA DR., SUITE A							
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS	<u> </u>	-				
					•				
		TALLAHASSEE , FL	32301		-				
(Comment of the Control of							
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add	lroce:	-				
		Taker hand of the transfer of	Jinee ade			智能	41.		
		1201 Hays Street				2	4- HUL 71	$\frac{mr}{\mu.\ell_{c}}$	
		NEW Registered Office Address:			-		1	\$2.37°	
								7	
					-		11:1 Hd	0.453 4.45	
									
		Tallahassee , FL_	32301	···			+		
If	the li	mited liability company is not organized under the law	s of the	State of Flo	orida, it is hereby c	onfirme	d that a	ıfter	
the	e cha	nge or changes are made, the Florida street address of t	he regis	tered office	e and the business of	office of	the reg	gistered	
		/ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of							
the	arti	cles of organization or the operating agreement of the l	imited li	ability con	ipany.		•		
			Dona	a Priebe, A	uthorized Person				
•	Signat	un of member or authorized representative of a member			Printed or typed name	of signee			
I i	herel ovisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act performa	in this cape ince of my c	acity. I further agr duties, and I am fai	ee to coi miliar w	mply w ith and	rith the laccept	
the to	e obli mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have	' för in C erebv co	Thaptěr 605 Infirm that	i, F.S. Or, if thiš de the limited liability	ocument compar	is bein 1v has	ig filêd been	
no	tified	in writing of this change.	. , , = 0	J		· -F	J '	-	
<u>. c.</u>		and Baggierrad Aport C.	DV: C	Г. И'		D '	J 4		
.51	gnatut	e of Registered Agent Corporation Service Company	R.I. (i)	race E. Kii	rby, Assistant Vic	e Presid	ient		

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