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Florida Department of State  
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Division of Corporations  
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From:  
Account Name : C T CORPORATION SYSTEM  
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Phone : (850)205-8842  
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**\*\*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  
CRISP INSURANCE ADVISORS, LLC**

Certificate of Status	0
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**POWER OF ATTORNEY**

NOTICE IS HEREBY GIVEN THAT Crisp Insurance Advisors, LLC. ("LLC"), a(n) Limited Liability Corporation under the laws of the state of New Jersey and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Maria Ozaeta, Vickie Cunningham, and Terrie Bates, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Maria Ozaeta, Vickie Cunningham and Terrie Bates shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this January 11, 2016.

Crisp Insurance Advisors, LLC  
A New Jersey LLC

By: [Signature]  
Name: David R. Russo  
Title: Asst. Partner

State of NJ  
County of Summit

On 1/11, 2016 before me, the undersigned, a Notary Public in and for said State, personally appeared Patrick Hill, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

[Signature]  
Notary Public



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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: Crisp Insurance Advisors, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3322 ROUTE 28, STE. 201  
BRANCBURG/NJ/08876  
1-28-13

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
3322 ROUTE 28, STE. 201  
BRANCBURG/NJ/08876  
M13000000622

3. Date of filing/registration in Florida 4. Document number

5. (a) REGISTERED AGENT SOLUTIONS, INC.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
155 OFFICE PLAZA DRIVE, STE. A  
TALLAHASSEE, FL 32301

(b) C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

Maria Ozaeta  
Signature of a member or authorized representative of a member

Maria Ozaeta  
Printed or typed name of signer

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.

By: Michael E. Jones  
Signature of Registered Agent

**Michael E. Jones, Asst. Secretary**  
**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**