M13000003845

(Re	questor's Name)								
(Add	dress)								
——(Ad	dress)								
(City/State/Zip/Phone #)									
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 22, 2014

Order#: 426406-003

Re: NASH & POWERS INSURANCE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

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: NASH & POWE	R INSU	RANCE SEF	RVICES, LLC			
2. (a)		500 1st Street SE Principal office address of limited liability company:)	Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)		ľ	(Note: MAY BE POST			•
		Cedar Rapids, IA 52401						
		06/17/2013	<u> </u>	M130000				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Incorp Services, Inc.			-			
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State):			
		17888 67th Court North			-			
		Registered Office Address (MUST BE FLORIDA STREET)	2					
					-			
		Loxahatchee ,FI	33470)				
		,,,,						
((b)	Corporation Service Company			_	E	+-	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	•		DEC	
						(M-11)	5	
		1201 Hays Street			_	₩ (195 - γ	-10	[7]
		NEW Registered Office Address:				· · · · · · · · · · · · · · · · · · ·	ER.	
					-		ب <u>.</u> 	****
						्रेंग्रस	£	
		Tallahassee, FI	_ 32301		_			
the age wa	char ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regis ability co of the lim limited l	stered office ompany, it is ited liability iability con	e and the business of s hereby confirmed the y company or as othe npany.	fice of the	e regis ange(stered s)
Y	ianan	ure of a member or authorized representative of a member	Jud	Powers, Au	uthorized Person Printed or typed name or	of signee		
I h pro the to i not	z nereb ovisio obli nere tified	y accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I him writing of this change. e DRegistered Agent Corporation Service Company				e to comp iliar with cument is company l		h the accept filed en
			•	- •				