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Division of Corporations

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**Florida Department of State  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SPEARHEAD INSURANCE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY1. The name of the limited liability company is: Spearhead Insurance Solutions, LLC2. (a) Principal office address of the limited liability company: 3420 Fairlane Farms Road**(Note: MUST BE STREET ADDRESS)**SUITE 100  
Wellington FL 33414

(b) Mailing address of limited liability company:

3420 Fairlane Farms Road**(Note: MAY BE POST OFFICE BOX)**SUITE 100  
Wellington FL 334145/21/2014MJ4000003451

3. Date of filing/registration in Florida

4. Document number

5.(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

BUSINESS FILINGS INCORPORATED

Registered Office Address:

515 E. PARK AVENUETALLAHASSEE FL 32301(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:****NEW Registered Agent:**Corporate Creations Network Inc.**NEW Registered Office Address:**11380 Prosperity Farms Road #221E**(MUST BE FLORIDA STREET ADDRESS)**Palm Beach Gardens FL 33410

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.

*[Signature]*  
 (Signature of a member or authorized representative of a member)

by **Kathleen Lange as Attorney-in-Fact**

(Printed or Typed name of signor)

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.

*[Signature]*  
 (Signature of Registered Agent) **Kathleen Lange, Special Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DNH518(10/99)

Corporate Creations International Inc.

11380 Prosperity Farms Road #221E

Palm Beach Gardens FL 33410

(561) 694-8107

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