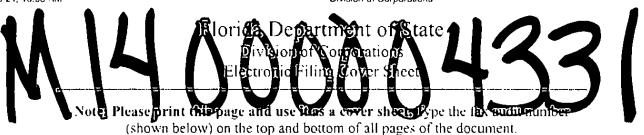
11/13-24, 10:09 AM

Division of Corporations



(((H24000376988 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*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 CROSS POINTE INSURANCE ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	S25.00

M. SOLOMON

NOV 1 4 2024

Electronic Filing Menu Corporate Filing Menu

Help

To: Page: 3rd 3 2024-11-13 09.11:51 CST 12122023573 From: Daylen Platt

## 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: Cross Pointe Insu	rance Ad	vi:	sors, LLC				
2. (	a)		(h	b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address o I <u>Note: MAY B</u>	Climited Irabil	ity comp	kiny:
		1120 GARRISON AVE			P.O. BOX	1747			
		FORT SMITH, AR 72901			FORT SM	ITH, AR 72902			
		06/17/2014		2	M1400000	4331			
3.		Date of filing/registration in Florida	4.	_		Document nu	mber		
5. 4	(a)								
ا .ن	(4)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	the Florida	a E	Dept. of State	<b>c</b> .			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 801 US HWY 1			-	90 7 1 2 7	2024		
		NORTH PALM BEACH , FL	33408			-		13 AON 1202	#23 ×1.5 3
		C.T. Corporation System				-			Santai S Surrana
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	STATE	PH 4: 15		
		NEW Registered Office Address:		_		-			
		1200 South Pine Island Road							
		Plantation , FL	33324			-			
the ager was the a	cha it w (we arti)	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the the regi- ability co of the lim limited !	ste on nit lia	ered office upany, it is ed liability	e and the busing the shereby confinence or a company or a spany.	ness office ormed that the as otherwise	f the re e chang e provid	gistered ge(s)
`	_	ure of a member or authorized representative of a member				Printed or typed	· ·		
prov the a to m	risie obli tere	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provide the reflect a change in the registered office address. It is writing of this change.  CT Corporation System, Leslie Martin	ree to act perform d for in ( hereby a	t i. iar CF. ror.	n this cape nee of my b hapter 605 tfirm that	acity. I furthe duties, and I a 5. F.S. Or, if th the limited lia	r agree to co m familiar v his documen hility compo	omply v vith an it is her iny has	with the d accept ng filed been
	atur	re of Registered Agent	-						