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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 865601

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: December 31, 2024

ORDER TIME : 11:22 AM

ORDER NO. : 865601-012

CUSTOMER NO: 7404063

CHANGE OF AGENT

NAME: LEGEND INSURANCE AGENCY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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. N	ame of the limited liability company: LEGEND INSUR	RANCE	Ξ A	GENCY, LI	LC
2. (a)	13931 Quail Pointe Drive		(b)	13931 Qu	ail Pointe Drive
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oklahoma City, OK 73134			Oklahoma	City, OK 73134
	12/11/2014			M14000008	3862
3. 5. (a)	Date of filing/registration in Florida INCORP SERVICES, INC.	4,	-		Document number
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3458 LAKESHORE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				FOR 13 TO THE SECRETARY OF SECR
(b)	TALLAHASSEE . FL	32312	2		7. P
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				1025 JAN -2 PM 1:23 SECRETAINSSEE FITE SECRETAINSSEE FITE
	NEW Registered Office Address:			- .	
	1201 Hays Street				
	Tallahassee, FL	32301	1		
change agent was/w the art	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ent Haggard, Manager	registe ability of the li limited	ere cor imi d li	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It din writing of this change.	ee to a perfori d for in iereby	et i ma i Ci coi	in this capa nce of my a hapter 605, nfirm that t	