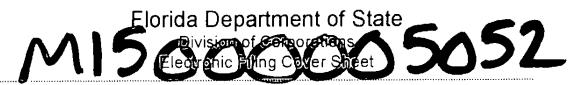
10/4/24, 12:28 PM

Division of Corporations



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(((H24000336564 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE ETHOS RISK SERVICES, LLC

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K. Brumbler

COVER LETTER

H240003365643

TO: Registration Section Division of Corporations	
SUBJECT: Ethos Risk Services, LLC	inited Liability Company
Name of E	mateu Daomy Company
Dear Sir or Madain:	
The enclosed Registered Agent/Registered Office Cha	ange and feets) are submitted for filling.
Please return all correspondence concerning this matter	er to the following:
Kathy Shin	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
9107 West Russell Road, Suite 100	
Address	
Las Vegas, NV 89148-1233	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
InCorp Servivces, Inc. / Kathy Shin at (800 ₎ 246-2677
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amous	nt:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	H24000336564 3

INHS18 (2/14)

H24000336564 3

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

1.	Na	me of the limited liability company: Ethos Risk Ser	vices, LL	<u>C</u>			
,	(a)	300 1ST AVENUE SOUTH, SUITE 300	(b)	th 300 1ST AVENUE SOUTH, SUITE 300			
	()	Principal office address of limited liability company		.\.	duling address of limited liability company		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		ST. PETERSBURG, FL 33701		ST. PETE	ERSBURG, FL 33701		
		06/26/2015	М	11500000	5052		
3.		Date of filing/registration in Florida	4,		Document number		
5	(a)	Smith, Micah Teancum					
	(,	Registered Agent and Registered Office shown on the records of	the Florida D	Pept, of State			
		300 1ST AVENUE SOUTH, SUITE 300					
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	********			
		ST PETERSBURG FL	337	01	(%)		
					26. G		
1	(b)	InCorp Services, Inc.			<u> </u>		
		Enter name of NEW Registered Agent and/or NEW Registered Office address			•		
					-		
		3458 Lakeshore Drive					
		NEW Registered Office Address			<u></u>		
					~		
		Tallahassee FL	323	112			
		, FL					
lf ti	he li	mited liability company is not organized under the lay	vs of the Si	tate of Flo	rida, it is hereby confirmed that after		
		nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li					
was	√w¢	re authorized by an affirmative vote of the members of	of the limite	ed liability	company or as otherwise provided in		
the	arti	eles of organization or the operating agreement of the	limited lia	bility com	pany.		
		kan lator	Tamn	ny Viator			
5:	्रम्या	use that member or authorized epicschiative of a member			Frinted or typed name of signee		
Ih	erei wisi	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	ee to act n nerforman	i this capa ice of my d	icity. I further agree to comply with the buties, and I am familiar with and accep		
the	obli	ons of all statules relative to the proper and complete geations of my position as registered agent as provide by reflect a change in the registered office address, I	d for in Ch	aptér 603. Grm doct	F.S. Or, if this document is being filed he limited lighting common has been		
10 h 1101.	गुरुग्धः गुरुग	(sn writing of this change.					
	i	Louise Breytenbach	on behalf	f of InCor	rp Services, Inc.		

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00

Signature of Registered Agent