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## **COVER LETTER**

Division of Corporations DirectIQ & RentersIQ Insurance Agency, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Dolores Burton** Name of Person United Corporate Services, Inc. Firm/Company 100 State Street, Suite 800 Address Albany, NY 12207 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Dolores Burton** 894-9049 ext 217 Name of Person Area Code & Davtime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☑ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section

## 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	ame of the limited liability company: DirectIQ & Re	entersiQ Insura	ance Agency, LLC	
<u>2</u> .	(a)	1740 Platte Street	(b)		
	(-)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Denver, CO 80202			
		02/16/2016	M1600	0001442	
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		ALL ALL	
		Registered Office Address (MUST BE FLORIDA STREET)	<u>(ADDRESS)</u>	FILI OCT 28 AHASSE	
		Loxahatchee . Fl.	33470		
	(b) United Corporate Services, Inc.			1 2: 00	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	3	
		9200 South Dadeland Blvd-Suite 508		-	
		NEW Registered Office Address:			
		Miami	33156		
the ag	e cha ent v as/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
		David G. N	G. Monk, Authorized Person		
Signature of a member or authorized representative of a member				Printed or typed name of signee	
<i>pr</i> <i>th</i> : <i>10</i>	ovisi e obl mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is mitting of this change.	ee to act in this of performance of the difor in Chapter of hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been	
/5	/ Mi	ichael A. Barr, President			

Signature of Registered Agent