## M16000010390

(Requestor's Name)						
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(Business Entity Name)						
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S. WARREN
'JUL 0 3 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: June 26, 2017

Order#: 694962-002

Re: A&B INSURANCE AND FINANCIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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.

		me of the limited liability company: A&B INSURAN	NCE AND	FINANCIA	L, LLC
2. (	a) .	1408 N WESTSHORE BLVD, SUITE 708  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(t	o)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		TAMPA FL 33607			
		12/23/2016		M160000	TO THE CONTROL OF THE
3.		Date of filing/registration in Florida	4.		Document number
5. (	(a)	C T CORPORATION SYSTEM			_
		Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	e:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	5)	<del>-</del>
					五郎 二
		PLANTATION ,, FI	33324	1	FILE FILE FILE FILE FILE FILE FILE FILE
(b)	h)	Corporation Service Company			
	, .	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	
		1201 Hays Street			3: 08 STATE FLORIDA
		NEW Registered Office Address:			· •
		Tallahassaa	20204	<del>, , , , , , , , , , , , , , , , , , , </del>	-
		Tallahassee , FI	32301		-
the c agen was/	hai it w we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members coles of organization or the operating agreement of the	f the registability co of the lim	stered office ompany, it is sited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Jel E. Whee	Jill (	Cilmi, Autho	rized Person
	•	ure of a member of authorized representative of a member			Printed or typed name of signee
prov the c to m	isio bli ere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gutions of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	: perform	ance of my i	duties, and I am familiar with and accept
<u>(</u>	<u></u>	Mace CAMOL	₽V-C	race F V:	rby Asst Vice President
Jign	aruf	e of Registered Agent Corporation Service Company	DI.U	iace E. Kii	rby, Asst. Vice President

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