M1700003385

(Requestor's Name)						
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT	MAIL				
(Business Entity Name)						
	(Document Number)					
Certified Copies	Certificates of S	Status				
Special Instructions to Filing Officer:						
J. HORNE						
MAY 2 0 2022						

Office Use Only



000386741800

SECRETARY OF STATE



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 674155 8361116

AUTHORIZATION

COST LIMIT : \$\frac{2}{2}5.00

ORDER DATE: May 13, 2022

ORDER TIME : 7:45 AM

ORDER NO. : 674155-010

CUSTOMER NO: 8361116

CHANGE OF AGENT

NAME: INSUREYOUR PEOPLE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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: INSUREYOURP	EOPI	-Ε,	LLC	
2. (a)	40 E Rio Salado Parkway		(b)	40 E Rio	Salado Parkway
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` /		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 900			Suite 900)
	Tempe, AZ 85281	_		Tempe, A	AZ 85281
	04/20/2017		ا	M1700000	3385
3.	Date of filing/registration in Florida	4.	-	•	Document number
5. (a)	C T CORPORATION SYSTEM				
J. (L)	Registered Agent and Registered Office shown on the records of t	he Flo	rida	Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRI			_
	<u> </u>		,		
	PLANTATION FL	3332	4		FIL 2022 MAY 19 SECRETARY ALLAHASSE
(h)					ASSI ASSI
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	ress:	-
	Corporation Service Company				AH II: 08
	NEW Registered Office Address:				- &
	1201 Hays Street				_
	Tallahassee, FL_	3230	1		_
change agent v was/we	imited 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 liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	regist bility f the l	erec con imit	l office and pany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/S/ Jill Cilmi	Ji	II C	ilmi, Autho	orized Person
	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I ha I in writing of this change.	erfor for ir	mar ı CI	ice of my a wapter 605	duties, and I am familiar with and accept . F.S. Or. if this document is being filed
	Drace C-Kubly				

Signature of Registered Agent
Grace E. Kirby, Asst. Vice President of Corporation Service Company