

**M1700009118**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
PCF INSURANCE SERVICES OF THE WEST, LLC**

Certificate of Status	0
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K. SALY

JUL 17 2024

# 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. Name of the limited liability company: PCF INSURANCE SERVICES OF THE WEST, LLC
2. (a) 21300 VICTORY BLVD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
#700  
WOODLAND HILLS, CA 91367  
10/25/2017
- (b) 21300 VICTORY BLVD  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
#700  
WOODLAND HILLS, CA 91367  
M17000009118
3. DATE OF FILING/REGISTRATION IN FLORIDA
4. DOCUMENT NUMBER
5. (a) CORPORATE CREATIONS NETWORK, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  
801 US HIGHWAY 1  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
NORTH PALM BEACH, FL 33408  
C T Corporation System
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
2024 JUL 16 AM 4:05  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Rocky Steele

Rocky Steele, manager

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: SEAN L. EMERICK, ASSISTANT SECRETARY

Signature of Registered Agent

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