## 1170000009647

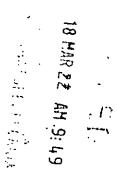
(Requestor's Name)					
(Address)					
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(Business Entity Name)					
(Document Number)					
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Y SULKER MAR 2 3 2018

## 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.

2. (a)	4550 Lena Drive	(b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	, ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Mechanicsburg, PA 17055				
	11/14/2017	<u>M</u>	17000009647		
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	Registered Agent Solutions, Inc.				
	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:		
	155 Office Plaza Drive, Suite A				
	Registered Office Address (MUST BE FLORIDA STREET	<del></del> -			
	Tallahassee , FI	32301			
(b)	Corporation Service Company			. <del>10</del>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	J Office address	<b>;</b>		
	1201 Hays Street			ris Fø	
	NEW Registered Office Address:			AH 9:49	
				<b>3.</b>	
	Tallahassee , FI	32301			
he cha agent v was/wo	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registere lability compa of the limited	d office and the busing any, it is hereby confir liability company or a	ess office of the registere med that the change(s)	
	Alan Levitz	Alan Le	vitz, Authorized Persor		
I here.	ture of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in t e performance ed for in Chap hereby confi	Printed or typed his capacity. I further tof my duties, and I an oter 605, F.S. Or, if th m that the limited liah	agree to comply with the	

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 20, 2018

Order#: 122959-005

Re: AIA AMERICAN INSURANCE ADMINISTRATORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

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.

QUCA.XCOA