



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000090844 3)))



H200000908443ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2020 MAR 23 AM 9:12
FILE

**LLC REGISTERED AGENT CHANGE
TRIGEN INSURANCE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2020 MAR 23 PM 3:32

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Trigen Insurance Solutions, LLC

2. (a) Principal office address of the limited liability company: 5900 N Andrews Ave

(Note: MUST BE STREET ADDRESS)

Suite 1000
Fort Lauderdale FL 33309

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5900 N Andrews Ave
Suite 1000
Fort Lauderdale FL 33309

7/5/2018

M18000006219

3. Date of filing/registration in Florida

4. Document number

5.(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 S PINE ISLAND RD
PLANTATION FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Corporate Creations Network Inc.

NEW Registered Office Address:

801 US Highway 1

(MUST BE FLORIDA STREET ADDRESS)

North Palm Beach FL 33408

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.

Nicholas Nichols
(Signature of a member or authorized representative of a member)

Nicholas Nichols, Attorney-in-Fact

(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.

Nicholas Nichols, Special Secretary
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

Corporate Creations International

801 US Highway 1

North Palm Beach FL 33408

(561) 694-8107