## M1800000773Z

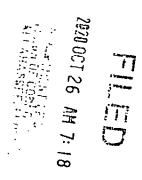
(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name)					
(Document Number)						
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.CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 22, 2020

Order#: 461777-066

Re: SEQUOIA REINSURANCE SERVICES, 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: Erika Zavala Daza 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.

1. Na	ame of the limited liability company: SEQUOIA REI	INSURA	NCE	SERVICES, LLC				
2. (a)	190 W. GERMANTOWN PIKE		(b) 190 W. GERMANTOWN PIKE					
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- <u></u>	(-) _	•	ing address of limited liability company: ote: MAY BE POST OFFICE BOX)			
	SUITE 200		S	UITE 200				
	EAST NORRITON, PA 19401	_	E	AST NORRITON, PA	19401			
	08/16/2018		М1	8000007732				
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a)	CT CORPORATION SYSTEM							
J. (u)	Registered Agent and Registered Office shown on the records of	of the Flori	da De <sub>l</sub>	pt. of State:				
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					~		
						029		
	PLANTATION , F	33324				2820 OCT 2	1	
					5.M 292	26		
(b)				<del></del>			; 1 <u>1</u>	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	iddres	<u>55</u> :	- :	-:-	المريدا	
	Corporation Service Company					8		
	NEW Registered Office Address:							
	1201 Hays Street			<del></del>				
	Tallahassee, F	L_32301						
change agent v was/w the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of the street.	e registe liability of of the li e limited	red o compo mited liabi	office and the business any, it is hereby confi d liability company or ility company. hi, Authorized Person	office of the rmed that th as otherwise	e regist e chang e provi	ered ge(s)	
Signature of a member or authorized representative of a member		Printed or typed name of signee						
provisi the obi to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to ac e perforn led for in I hereby c	et in t nance Chaj confii	this capacity. I furthe e of my duties, and I a pter 605, F.S. Or, if t rm that the limited lia	r agree to co um familiar v his documen bility compa	omply v vith and it is bei iny has	with the d accept ng filed been	
	Draze C-Kinby							
Signatu	ire of Registered Agent							

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

INHS18 (2/14)

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