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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 09/11/2019 | |
|------------|--|-----------------------|
| | Joy Weaver | |
| Referen | ce #: 1125402 | - |
| Entity Na | ame: CREST INSURANCE G | ROUP OF COLORADO, LLC |
| □ A | rticles of Incorporation/Authorization | to Transact Business |
| □ A | mendment | |
| √ C | hange of Agent | |
| R | teinstatement | |
| c | onversion | |
| | lerger | |
| _ D | issolution/Withdrawal | |
| F | ictitious Name | |
| | Other | |
| | £25.00 | |
| Authoriz | red Amount: \$25.00 | |
| Signatur | re: <u> </u> | |

F: +852.2682.9790

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 a | Name of the limited liability company: CREST INSURANCE GROUP OF COLORADO, LLC | | | | | |
|---|--|---|---|---|--|--|
| 2. (a) | | _ (b | <u> </u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | No Change | - | No Char | nge | | |
| | January 28, 2019 | | | M19000001235 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| | CORPORATE CREATIONS NETWORK, INC | C. | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the | | Dept. of State | :: | | |
| | 11380 PROSPERITY FARMS ROAD #221E | | • | | | |
| | Registered Office Address (MUST RE FLORIDA STREET ADDRESS) | | | SEP SEP | | |
| | PALM BEACH GARDENS , FL | 33410 | | SEP II M | | |
| (b) | COGENCY GLOBAL INC. | | | ي ٠٠٠ | | |
| \-/ | Enter name of NEW Registered Agent and/or NEW Registered | Office add | Iress: | 20 | | |
| | 115 North Calhoun St., Suite 4 | | | | | |
| | NEW Registered Office Address: | | _ | | | |
| | Tallahassee, FL | 32301 | | | | |
| the cha agent v was/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regis bility co f the lim | tered office mpany, it is ited liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | | |
| | ke Ellerson | Mike | Ellerson | | | |
| I herel provisi the obli to mere | ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p legations of my position as registered agent as provided by reflect a change in the registered office address, I have a state of this change. | ee to act performa for in C ereby co | in this capa ince of my a hapter 605 infirm that i | Printed or typed name of signee neity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been | | |
| | n Mayville | | | | | |
| | e of Registered Agent Tim Mayville, Assistant Secre | etary | | | | |

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

INHS18 (2/14)