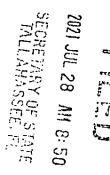
M1900001545

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 930556 8345617

334361

Complian Const

COST LIMIT : \$ 65 00

ORDER DATE : July 27, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 930556-010

CUSTOMER NO: 8345617

CHANGE OF AGENT

AUTHORIZATION :

NAME: SIDECAR HEALTH INSURANCE

SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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	ame of the limited liability company: SIDECAR HEAL	TH INSI	URANCE S	SOLUTIONS, LLC
2. (a)	2381 Rosecrans Ave.	(t	2381 Ro	osecrans Ave.
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	// 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400		Suite 40	
	El Segundo, CA 90245	- -	El Segur	ndo, CA 90245
	02/13/2019		M1900006	01545
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number
5. (a)	COGENCY GLOBAL INC.			
5. (u)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Sta	- ete:
	115 NORTH CALHOUN ST. STE 4			
	Registered Office Address (MUST BF FLORIDA STREET A)	DDRESS	2	-
				202 SE
	TALLAHASEE . FL	32301		E IL. 2021 JUL 28 SECRETARA TALLAHA
				- 28 AH 6
(b)	Carrage Carrage D			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>iress</u> :	mes co
	Corporation Service Company			**************************************
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee .FL	32301		-
mange agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the retill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liabs.	egistered fility core the limi	d office an upany, it is ted liabilit	d the business office of the registered s hereby confirmed that the change(s)
 -	/S/ Lyndsay Spiking	Lynd	Isay Spikin	ig, Secretary
	ure of a member or authorized representative of a member			Printed or typed name of signee
he obli o mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I he in writing of this change.	to act i erforma for in Cl reby con	in this cape nce of my e hapter 605 ifirm that	acity. 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
	Ingra Z-Kubi.			

;*

Signature of Registered Agent Grace E. Kirby. Asst. Vice President of Corporation Service Company

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

FILING FEE: \$25.00