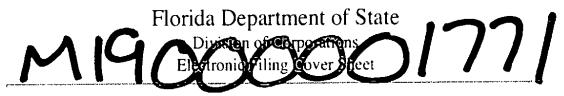
Division of Corporations



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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	me of the limited liability company: Digital Open	door Insu	rance Services LLC			
	410 N Scottsdale Rd, Suite 1600 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 410 N Scottsdale Rd, Suite 1600			
2. (a)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Tempe, AZ 85281		Tempe, AZ 85281			
	02/19/2019		19000001771	abur		
3.	Date of filing/registration in Florida	4.	Document nun	neci		
5. (a)	COGENCY GLOBAL INC. Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN STREET STE 4 Registered Office Address (MUST BE FLORIDA STREET)	<u> </u>	ept. of State:			
, , ,	TALLAHSSEE, FI	L 32301		2022 MAR - 7		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ess</u> :	LED PH 4: 49			
	801 US Highway 1 NEW Registered Office Address:			9		
	North Palm Beach . F	L 33408				
Signa I here provis the one to mer notifie	simited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. Jenisa Irizarry, Special Seare of Registered Agent	e registered iability com of the limited lia Jenis eree to act in performance of for in Chickense of the control of the contro	office and the business of apany, it is hereby confined liability company or a bility company. Sa Irizarry, Attorney-in this capacity. I further appear this capacity. I further appear of my duties, and I among the following the confined or fight.	med that the change(s) as otherwise provided in in-Fact name of signee agree to comply with the in familiar with and accept is document is being filed		