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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 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.

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LLC REGISTERED AGENT CHANGE BUILDERS INSURANCE SERVICES, LLC

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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. N	ame of the limited liability company: Builders Insu	ırance	Services, I	LC
2. (a)	Principal office address of limited liability company:	-	(b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	17771 COWAN, STE 100		800 SUI	PERIOR AVE E 21ST FL
	IRVINE, CA 92614		CLEVEL	AND, OH 44114
3.	02/21/2019 Date of filing/registration in Florida	_ _{4.}	M190000	02274 Document number
	CORPORATION SERVICE COMPANY			Document number
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	E:
	1201 HAYS STREET Registered Office Address			_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(22)</u>	
	TALLAHASSEE ,, F			~ ≥ 20
(h)				AN AN
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	FAR FIRE
				PA
	United Agent Group Inc.			
	NEW Registered Office Address:			- 第二
	801 US Highway 1			-
	North Palm Beach Fi	L <u>3340</u>	8	_
change agent v	imited 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 of icles of organization or the operating agreement of the	e registe lability of of the li	red office and company, it is mited liability	I the business office of the registered thereby confirmed that the change(s) we company or as otherwise provided in
Rac	hal Joseph	Ra	achel Josep	h, Attorney- in- Fact
I here provision the oblination merination notified Rac	ture of a pumber of authorized representative of a member by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not not not this change. All Desert Rachel Joseph, Special Sector of Registered Agent	ree to a perform d for in hereby	ct in this cape nance of my c Chapter 605 confirm that t	Printed or typed name of signee scity. I further agree to comply with the futies, and I am familiar with and accept
	▼			