M19000009037

(Req	uestor's Name)				
(Add	ress)				
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(City	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

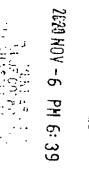
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CSC - WILMINGTON

251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 4, 2020

Order#: 484938-058

Re: NORMAN-SPENCER AGENCY, 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: Ami Casper

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.

QUCA.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	me of the limited liability company: NORMAN-S	PENCER AGENO	CY, LLC
2	(a)	8075 Washington Village Drive	(b)	
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Dayton, OH 45458		
		09/17/2019	M190	000009037
3. 5.	(a)	Date of filing/registration in Florida C T Corporation System	4.	Document number
٧.	(4)	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	of State:
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
		Plantation ,	FL_33324	- VON 6232
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ered Office address:	
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee,	FL_32301	
ch ag wa	ange ent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the case.	the registered off I liability compan rs of the limited I	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
757 Jili Climi			Jill Cilmi,	Authorized Person
I pr	herei ovisi e obl mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and o ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change	agree to act in thi ete performance c ided for in Chapte , I hereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
	J	Cermiler	Corporation Se	ervice Company
Si	gnatu	re of Registered Agent	Ami M. Casper	r, Asst. Vice President