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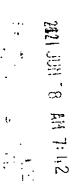
(Requestor's Name)								
(Address)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 4, 2021

Order#: 838990-219

Re: INSURANCE ADMINISTRATIVE SOLUTIONS, L.L.C.

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	une of the limited liability company:	INSURANCE ADMINISTRATIVE SOLUTIONS, L.L.C.						
2. (	a)	17757 US Highway 19 N, SUite 660		(h	)	-			
`	,	Principal office address of limited liabili (Note: MUST BE STREET ADD		_ (-	·/ <u></u>	Mailing address of (Note: MAY B)			•
		Clearwater, FL 33764		_				<u> </u>	
		08/27/2020		_	M2000000	7474			
3.		Date of filing/registration in Fl	orida	4.		Document nur	nber		
5. (	(a)	C T Corporation System							
ا . ر	<u></u>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				— te:		[13]	
		1200 South Pine Island Road						221 JUS	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		<u>ස</u>	
		Plantation	, FL_	33324		_	, (%) (*)	M 7:	·
(b)	b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company				_		ω	
		NEW Registered Office Address:				_			
		1201 Hays Street							
		Tallahassee	, FL_	32301					
chan agen was/	ge t w we	mited liability company is not organized or changes are made, the Florida street a vill be identical. Or, in the case of a Flor re authorized by an affirmative vote of to cles of organization or the operating agre	iddress of the r ida limited lial he members of	registere bility con the limi	d office an mpany, it i ited liabilit	d the business of s hereby confirm by company or a	office of the	register e change	ed (s)
/s/	Jil	l Cilmi		Jill C	Cilmi, Autho	orized Person			
Sig	nati	ure of a member or authorized representative of a	member			Printed or typed t	name of signe	e e	-
I he. prov the o to me notif	reb isio bli ere ied	by accept the appointment as registered of the proper of all statutes relative to the proper of gations of my position as registered age by reflect a change in the registered official in writing of this change.	and complete p nt as provided ce address, I he Co	erforma for in C ereby co rporatio	ince of my hapter 605 nfirm that on Service	duties, and I am 5, F.S. Or, if thi the limited liabi Company	i familiar w s documen lity compa	emply with and control is being ny has be	th the accept filed sen
Signa	atur	e of Registered Agent	An	n M. Ca	asper, Ass	st. Vice Preside	ent		