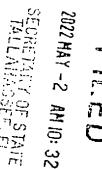
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Account#: I20000000088

Date:	05/02/2022	
Name:	Chris Vick	
Reference #		-
		INSURANCE SERVICES LLC
☐ Article	es of Incorporation/Authorization	o Transact Business
☐ Amen	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Convi	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	Amount: / \$25.00	

## 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.

me of the limited liability company: ASUREA	ASUREA WHOLESALE INSURANCE SERVICES LLC					
	(b	)				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M				
No Change	<del></del>	No Chan	ge			
August 28, 2020		M2	20000008157			
Date of filing/registration in Florida	4.	ι	Document numbe	er		
PARACORP INCORPORATED						
Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:				
155 OFFICE PLAZA DRIVE 1ST FLOOR						
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	1				
			30 27 27	2022		
TALLAHASSEE, F	<sub>L</sub> 32301			MAY	T	
COGENCY GLOBAL INC.			HAN Y	•		
Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	lress:	333 333	AM I		
115 North Calhoun St., Suite 4			, FL	0: 32		
NEW Registered Office Address:						
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change  August 28, 2020 Date of filing/registration in Florida  PARACORP INCORPORATED  Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE 1ST FLOOR  Registered Office Address  (MUST BE FLORIDA STREE  TALLAHASSEE  TALLAHASSEE  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Registered  115 North Calhoun St., Suite 4	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change  August 28, 2020  Date of filing/registration in Florida 4.  PARACORP INCORPORATED  Registered Agent and Registered Office shown on the records of the Florida 155 OFFICE PLAZA DRIVE 1ST FLOOR  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  TALLAHASSEE , FL 32301  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Registered Office address 115 North Calhoun St., Suite 4	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change  No Change  No Chan  August 28, 2020 Date of filing/registration in Florida  PARACORP INCORPORATED  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 OFFICE PLAZA DRIVE 1ST FLOOR  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  TALLAHASSEE  FL 32301  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Registered Office address:  115 North Calhoun St., Suite 4	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change  No Change	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change  August 28, 2020  August 28, 2020  Para of filing/registration in Florida  PARACORP INCORPORATED  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 OFFICE PLAZA DRIVE 1ST FLOOR  Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  TALLAHASSEE  FL 32301  TALLAHASSEE  COGENCY GLOBAL INC.  Inter name of NEW Registered Agent and/or NEW Registered Office address:  TESS OFFICE PLAZA DRIVE 1ST FLOOR  Registered Agent and/or NEW Registered Office address:  TESS OFFICE PLAZA DRIVE 1ST FLOOR  TALLAHASSEE  TAL	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signce

/s/ Michael Carlisle

Signature of a member or authorized representative of a member

Signature of Registered Agent