## M02000008704

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Account#: I20000000088

Date:	05/02/2022	
Name:		<u></u>
	#:1646586	<u> </u>
Entity Nam	e:QUILITY WHOLE	SALE INSURANCE LLC
Artic	cles of Incorporation/Authorizatio	n to Transact Business
Ame	endment	
<b>☑</b> Cha	inge of Agent	
☐ Reir	nstatement	
Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized Signature:	Amount / \$25.00	

P: 800.221.0102

F: 800.944.6607

**EUROPEAN HQ** 

## 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

(a)	Principal office address of limited liability company:	(b	)	Mailing address of limited liability company
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	No Change		No Char	nge
	September 17, 2020		м	29900008704
	Date of filing/registration in Florida	4.		Document number
(a)	PARACORP INCORPORATED			
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	:
	155 OFFICE PLAZA DRIVE 1ST FLOOR			42
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		20 <b>22</b> SEC:
	TALLAHASSEE , F	L_32301		FIL 2022 HAY -2 SEGRETIALY TALLAHAS
(b)	COGENCY GLOBAL INC.			Y OF STATE
` ′ –	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	ELATI ELATI
	115 North Calhoun St., Suite 4			. т.
	NEW Registered Office Address:			<b>₹</b> *
	Registered Office Address.			
	Tallahassee	32301		
	, F	L 32301		
enan it w: /wer	mited liability company is not organized under the large or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited less authorized by an affirmative vote of the members les of organization or the operating agreement of the	of the regist iability cor of the limi	ered office npany, it is ted liability	and the business office of the regist hereby confirmed that the change(s company or as otherwise provided
	tthew Thomas Www.		ew Thom	•
	re of a member or authorized representative of a member			Printed or typed name of signee

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 Jamiliar 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.

/s/ Michael Carlisle

Signature of Registered Agent