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LLC REGISTERED AGENT CHANGE FLORIDA ONE INSURANCE FRANCHISING LLC

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K. SALY

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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. Na	ame of the limited liability company: FORTUN VANTA	GE IN	SU	RANCE,	LLC	
2. (a)	365 DALERMO AVE		(b)	(b) 365 PALERMO AVE.		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CORAL GABLES, FL 33134	-		CORAL (GABLES, FL 33134	
	12/16/2020	-	N	12000001	1669	
 (a) 	Date of filing/registration in Florida HECTOR D FORTUN	4.	_		Document number	
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 365 PALERMO AVE.				te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			MA SEP -9 AM 4: 23		
	CORAL GABLES , FL 3	3134			EP-9	
(b)	Corporate Creations Network Inc.				SEE ILOAND	
	Enter name of NEW Registered Agent and/or NEW Registered C)ffice :	addı	ess:		
	801 US Highway 1				23	
	NEW Registered Office Address:		-		-	
	North Palm Beach , FL 3	3408			_	
change agent v was/we	imited liability company is not organized under the laws c or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egiste oility o the li	red com mit	office an pany, it i ed liabilit	id the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
	Adia Myles			dyles, Att	orney-in-Fact	
I here provisi the obl to merc	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrecions of all statutes relative to the proper and complete poligations of my position as registered agent as provided pelly reflect a change in the registered office address, I he d'in writing of this change.	ertori	nan	ce of my	duties, and I am familiar with and accept-	

Adia Myles Adia Myles, Special Secretary
Signature of Refistered Agent