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A. BUTLER MAY - 3 2022



115 N CALHOUN ST., STE. 4 1ALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/0	2/2022	
Name:	A	
Reference #:	1646586	·
Entity Name:	QUILITY INSU	RANCE HOLDINGS LLC
Articles of In	ncorporation/Authorization	on to Transact Business
☐ Amendmen	t	
✓ Change of A	Agent	
Reinstatem	ent	
Conversion		
Merger		
☐ Dissolution/	Withdrawal	
Fictitious Na	ame	
Other		
Authorized Amoun	\$25.00 Hill yet	

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 j	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(n _.	N	Aailing address of limi		
	No Change	_	No Chan	ge		
	January 4, 2021	_	M	21000000402		
	Date of filing/registration in Florida	4.		Document number	•	
a)	PARACORP INCORPORATED					
•,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:		
	155 OFFICE PLAZA DRIVE 1ST FLOOR			ວງ ກາ ເ	202	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		ORET/A	2022 HAY -	descention of the second of th
	TALLAHASSEE , FL	32301		े % % % %	2 AF	
)	COGENCY GLOBAL INC.			STA E. FI	AM 10: 38	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	급	88	
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:					
	Tallahassee , FL	32301				

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 signee

/s/ Tim Mayville

Signature of a member or authorized representative of a member

Signature of Registered Agent