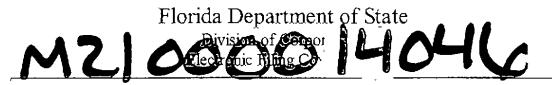
8/31/22, 11:59 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000298681 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

**Enter the email address for this business entity to be used fo annual report mailings. Enter only one email address please

Email Address: DOCUMENTS@INCORP

LLC REGISTERED AGENT CHANGE OW INSURANCE SOLUTIONS, LLC

Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge

CO	YER	LLL	TRK

TO:	Registration Section Division of Corporations						
SUBJ	QW Insur	ance Solutions, LLC					
50.00	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	iclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter	er to the following:					
	Heather Glenn						
	Name of Person						
	InCorp Services, Inc.						
	Firm/Company						
	3773 Howard Hughes Pkwy. · Suite 500	S					
	Address						
	Las Vegas, NV 89169-6014						
	City/State and Zip Code						
	documents@incorp.com						
E	-mail address: (to be used for future annual repo	ort notification)					
For fu	ther information concerning this matter, please	call:					
Heath	er Glenn for InCorp Services, Inc. 8	00-246-2677					
	Name of Person	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:							
	2 \$25 Filling Fee	☐ S55 Filing Fee & Certified Copy					

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. N	Name of the limited liability company: QW Insurance	Solu	tions, LL 	.C				
2. (a)	. (a) 157 YESLER WAY STE 400		(b) 157	YESLER WAY STE	400			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-/	Mailing address of (Note: MAY BI				
Seattle, WA 98104			Seat	ttle, WA 98104	NA 98104			
		_						
	10/22/2021		M210	000014046				
3.	Date of filing/registration in Florida	4 .		Document nur	nber			
5. (a	PARACORP INCORPORATED							
(-	Registered Agent and Registered Office shown on the records of t	the Flo	rida Dept. ı	of State:				
	155 Office Plaza Drive - 1St Floor		<u>-</u>					
	Registered Office Address (MUST BE FLORIDA STREET A		منته ۲۰۰۰ تا	••				
					<u> </u>	2022		
	Tallahassee, FL	' 	32301			2022 AUG 3		
(b)	InCorp Services, Inc.				7 S	<u>ယ</u>		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	tered Office address:			المنتاجة المنتاجة	<u>*</u>	<u>[]</u>	
	17888 67th Court North				LOHID) LOHID	80 :@H		
	NEW Registered Office Address:				ÐF.	80		
		-						
	Loxahatchee , FL		33470					
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reability f the l	egistered compan imited li d liabilit	office and the busine y, it is hereby confir ability company or a y company.	ess office of med that the	the reg	gistered e(s)	
	and of member or authorized representative of a member	E	rian Hur	nmer Printed or typed i				
nonjie	eby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. Supplement Isabel Burgos on behame of Registered Agent			s capacity. I further f my duties, and I an r 6D5, F.S. Or, if th that the limited liab			ith the accept Ig filed been	