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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

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## LLC REGISTERED AGENT CHANGE FLORIDA CATASTROPHE COMPANY LLC

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Help "10 2022 .C. Brumbley 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	ame of the limited liability company: Florida Catastrop	he Company L	LC			
2. (a)	7214 Edgewater Drive, Orlando, El. 32810	(b)	(b) 7214 Edgewater Drive, Orlando, FL 32810			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
3.	May 26, 2022  Date of filing/registration in Florida		2000008319  Document number			
5. (a)	Lueck, Eric C					
	Registered Agent and Registered Office shown on the records of 7214 Edgewater Drive  Registered Office Address (MUST BE FLORIDA STREET)		nt. of State:			
	Orlando , FI	32810	2022 			
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered	Ω <u></u> m <del>f</del> ς				
	801 US Highway 1					
	NEW Registered Office Address:		STATE LORDS			
	North Palm Beach , FI	L 33408				
chang agent was/v	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of lability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.			
_	nature of a member or authorized representative of a member		Printed or typed name of signee			
I her provi the ol to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in to performance ed for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ofter 605, F.S. Or, if this document is being filed rm that the limited liability company has been			
	trlos M Alvarez, Special Secretary ture of Registered Agent	w.				