## M22000011664

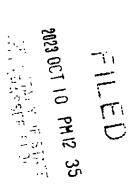
(Requestor's Name)							
(Address)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							

Office Use Only



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MEDITION OF STATE

A. RAMSEY 0CT 11 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 042672 8426472							
AUTHORIZATION :							
COST LIMIT : \$ 25,000 Le man							
······································							
ORDER DATE : October 4, 2023							
ORDER TIME : 1:38 PM							
ORDER NO. : 042672-115							
CUSTOMER NO: 8426472							
CHANGE OF AGENT							
NAME: PALISADE INSURANCE PARTNERS LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
EXAMINER'S INITIALS:							

## - 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	me of the limited liability company:  PALISADE INSU	RANCE	= 1	PARTNER	SLLC		
	(a)							
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>-</del> `	·	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		115 OFFICE PARK DR. STE 200			115 OFFICE PARK DR. STE 200			
		BIRMINGHAM, AL 35223	_		BIRMING	HAM, AL 35223		
		07/26/2022		1	M2200001	1664		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(2)							
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida I REGISTERED AGENT SOLUTIONS, INC.				:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		2894 REMINGTON GREEN LANE SUITE A				282		
		TALLAHASSEE .FL.	32308			TO PAIR 3		
						渡る所		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			ress:	温 3 0		
					20. <b>5</b> 35)			
		Corporation Service Company				San		
		NEW Registered Office Address: 1201 Hays Street						
						,		
		Tallahassee, FL_	32301					
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistero pility co the lim	ed om tit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/ Jill Cilmi Jill Cilmi, Author					lmi, Author	ized Person		
Signature of a member or authorized representative of a member						Printed or typed name of signee		
pro the to i	visie obli nere	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to act erforma for in C ereby ca	i) an Th	this capa ice of my d. apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been		
notified in writing of this change.					GRACE E KIRBY, ASST. VICE PRESIDENT			
Sig	natur	e of Registered Agent						