## M22000013624

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ALLAHASSEE, FLORIE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 860500 COST LIMIT : \$ 25.00 ORDER DATE : July 10, 2023 ORDER TIME : 9:07 AM ORDER NO. : 860500-062 CUSTOMER NO: 8174612 CHANGE OF AGENT NAME: BRIT INSURANCE SERVICES USA, LLCPLEASE 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. N	ame of the limited liability company:	CE SEF	RVICE	S USA. LL	.C
2. (a)	311 West Monroe Street Ste 411	-	b) 311	West Mo	onroe Street Ste 411
<i>ω.</i> (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	CHICAGO, IL 60606		CHI	CAGO, IL	. 60606
	08/31/2022	_	— M22	00001362	24
3.	Date of filing/registration in Florida	- 4.		Doc	cument number
- 45					
5. (a)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	the Florid	a Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRES.	S)		
	115 NORTH CALHOUN ST. SUITE 4				₩ 2
	TALLAHASSEE FL	32301			PIL 2023 AUG -2 TALLAHASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				FILED  1023 AUG -2 AM 10: 52  ALLAHASSEE, FLORIDA
	Corporation Service Company				# <b>5</b> ; 0RIII
	NEW Registered Office Address:				DI. N
	1201 Hays Street				
	Tallahassee FL	32301			
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	register bility co f the lin	ed offi ompan nited li	ce and the y, it is her ability co	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
/s/ N	Aelanie Oliver	Me	lanie C	liver, Aut	horized Person
	ture of a member or authorized representative of a member			Prir	nted or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to act perform I for in C vereby co	t in thi ance o Chapte onfirm	s capacity of my dutie or 605, F.S that the l	: I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been
Signatu	Grace E. Kirby, Asst. Vi	ice Pres	ident		