P01000072724

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

Office Use Only



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09/03/20--01023--019 **35.00

2020 SEP -3 PM 1: 42 SUGNETARY OF STATE

JQ 10/14/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 -302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 1, 2020

Order#: 400883/001

Re: GLV INSURANCE AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of FL fice or registered agent, or both, in the State of Florida.		
	0 0 2			
	the corporation: GLV INSUR			
2. The principal	office address: 2005 VISTA	PARKWAY 200, WEST PALM BEACH, FL 33411		
3. The mailing a	ddress (if different):			
4. Date of incon	poration/qualification: 07/24	Document number: P01000072724		
	d street address of the current trent of State: (If resigned,	t registered agent and registered office on file with the enter resigned)		
	Graceffo, Raymond			
	2005 Vista Parkway Suite 200			
	West Palm Beach, FL 334	¥11		
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered office		
	Corporation Service Comp	pany		
	1201 Hays Street			
		P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business office of its registered agent.		
Such change wa authorized by the	as authorized by resolution a ne board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.		
)	Xu & Comi	Jill Cilmi, Vice President		
I further agree of my duties, and document is being corporation has) The appointment as register	Printed or typed name and title red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performanc scept the obligation of my position as registered agent. Or, if thi change in the registered office address, I hereby confirm that the this change.		
•	nature of Registered Agent	09/01/2020		
_	nature of Registered Agent chalf of an entity:	Date		
	Asst. Vice President			
	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *