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. (Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	- #)
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PICK-UP	☐ WAIT	MAIL
(Ri	usiness Entity Nan	ne)
(5)	Joiness Energ Ivan	
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/02/16--01014--015 **35.00

FEB 0 5 2016 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 29, 2016

Order#: 962283/179

Re: WHO IS YOUR INSURANCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

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:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the la	ws of the State of FL	
1. The name of	the corporation: WHO IS YOUR INSURA	NCE, INC.		
-	office address: an Parkway 112, Weston, FL 33331			
3. The mailing a	address (if different):	•		
	poration/qualification: 06/27/2011			
5. The name and Florida Depart	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and register d)	ed office on file with the	FEB - CRETAI LAHAS
	venessa iruillo			111 ×
	3265 Meridian Parkway, 112			AH 7: OF STA
	Weston	FL	33331	7: 46 STATE ORID!
(if changed):	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·		
	P.O. Box NOT	FL.	32301	
The street address changed will	ess of its registered office and the street be identical.	address of the bu	usiness office of its regis	stered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of outling of the string of the	directors or by an office of the change.	r so
0	26	Dona Priebe, V	/ice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a dis document is being filed merely to reflect that the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obligat ect a change in t	he proper and complete tion of my position as re he registered office add	egistered ress, I
By: Wrose ?	Signature of Registered Agent Date			
	ehalf of an entity:		Date	
	, Asst. Vice President			
	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314