000028223

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

ACCOUNT NO. : I20000000195

REFERENCE : 127404 8378990
AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE: November 13, 2023

ORDER TIME : 1:10 PM

ORDER NO. : 127404-005

CUSTOMER NO: 8378990

CHANGE OF AGENT

NAME: ANDERSON MUSICAL INSTRUMENT INSURANCE SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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.

i. N	lame of the limited liability company:	ANDERSON MU	JSICAL	INSTRUME	ENT INSURANCE	SOLUT	IONS	LLC
2. (a)	1570 LAKEVIEW DRIVE		(b) 1190 CIELO CT					
2. (0)	Principal office address of limited lia (Note: MUST BE STREET A				Mailing address of I (Note: MAY BE			
	STE 2A			NORTH	VENICE, FL 342	75		
	SEBRING, FL 33870		_					
	03/18/2008			L08000028	8223			
3.	Date of filing/registration in	Florida	4.		Document numb	ber		
5. (a)							
J. (a)	Registered Agent and Registered Office show	on the records of t	the Florid	a Dept. of Stat	— te:			
	BERLIN PATTEN EBLING, PLLC							
	Registered Office Address (MUST BE F	LORIDA STREET 2	ADDRES:	<u></u>	_			
	3700 SOUTH TAMIAMI TRAIL SUI	TE 200						
	SARASOTA	EI	34239		_			
		, r.			_			
(b)						: -	207	
(0)	Enter name of NEW Registered Agent and/	or <u>NEW Registered</u>	Office ad	ldress:	_		<u>ಜ</u> ಷಾ	
	Corporation Service Company					:-:-	2023 NOV 13	
	NEW Registered Office Address:				_		> =	-B67
	1201 Hays Street						ö: ∓	<u>:</u>
					_		ယ္	
	Tallahassee	, FL	32301					
change agent was/w	limited liability company is not organi e or changes are made, the Florida stre will be identical. Or, in the case of a F ere authorized by an affirmative vote icles of organization or the operating a	et address of the Florida limited lia of the members o	registere bility co f the lim	ed office an impany, it is sited liabilit	d the business of s hereby confirm y company or as	fice of th ed that th	e regi. ie chai	stered nge(s)
/	s/ Peter Anderson		Pet	er Andersor	n, Authorized Per	rson		
Sign	ature of a member or authorized representative	of a member			Printed or typed na	ıme of sign	ee	
provis the ob- to mer	by accept the appointment as register ions of all statutes relative to the prop ligations of my position as registered a ely reflect a change in the registered of d in writing of this change.	ed agent and agre er and complete p agent as providea office address, I h	ee to act perform I for in C ereby co	in this cape ance of my e Thapter 605 onfirm that	acity. I further a duties, and I am j i, F.S. Or, if this the limited liabili	gree to co familiar v documer ity compo	omply with a nt is be nny ha	with the nd accept ring filed s been
	s/ Grace E. Kirby		<u>C</u>	irace E. Ki	rby, Asst Vice	Presiden	<u>t</u>	
Signate	ire of Registered Agent							