above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Entity Name: ORANGE INSURANCE SERVICES INC.

Current Principal Place of Business:

716 WEST 29 ST HIALEAH, FL 33012

DOCUMENT# M86636

Current Mailing Address:

716 WEST 29 ST HIALEAH. FL 33012 US

FEI Number: 65-0059350

Name and Address of Current Registered Agent:

GONZALEZ, MIRNA 11140 SWW 196 ST C411 MIAMI, FL 33157 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIRNA GONZALEZ

Electronic Signature of Registered Agent

Officer/Director Detail :

PD Title Name GONZALEZ ALVAREZ, MIRNA Address 716 WEST 29 ST City-State-Zip: HIALEAH FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

FILED Mar 15, 2024

Secretary of State

8460964829CC

Certificate of Status Desired: No

03/15/2024 Date

03/15/2024 Date

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MIRNA GONZALEZ ALVAREZ

PRESIDENT