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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MANAGER

that my hame appeare t		on an alla	onnon	with
SIGNATURE:	DOUC	GLAS	LEVI	

I

SIGNATURE: DOUGLAS LEVI

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title MANAGER Name JOHN 1010 LLC Address 4501 MAINLANDS BLVD City-State-Zip: PINELLAS PARK FL 33782

DOCUMENT# L06000040971

Entity Name: STRATEGIC INSURANCE SERVICES, LLC

## **Current Principal Place of Business:**

4501 MAINLANDS BLVD W PINELLAS PARK, FL 33782

## **Current Mailing Address:**

4501 MAINLANDS BLVD W PINELLAS PARK. FL 33782 US

## FEI Number: 51-0574025

## Name and Address of Current Registered Agent:

LEVI, DOUGLAS 4501 MAINLANDS BLVD PINELLAS PARK, FL 33782 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.

02/15/2022 Date

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 15, 2022 Secretary of State 5664781892CC

Certificate of Status Desired: Yes

Date