2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 25, 2022
Secretary of State
3578456251CR

DOCUMENT# L18000063099

Entity Name: COMPLETE HEALTH OPTIONS INSURANCE AGENCY, LLC

Current Principal Place of Business:

4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328

Current Mailing Address:

4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328 US

FEI Number: 82-4728715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCWILLIAMS, TERESA
4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328 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: TERESA MCWILLIAMS 10/25/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MBR
Name	LANDIS, MICHAEL	Name	MCWILLIAMS, TERESA L
Address	4801 S UNIVERSITY DR. SUITE 227	Address	4801 S UNIVERSITY DR. SUITE 227
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

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.

SIGNATURE: TERESA MCWILLIAMS REGISTERED AGENT 10/25/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date