		later than Oct 31, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:		nual Report Form	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  AEVO INSURANCE SERVICES, LLC SUITE 260 101 EDGEWATER DRIVE WAKEFIELD MA 01880 USA						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER P. BARRETT BROWN		SIX CONCOURSE PARKWAY SUITE 2300	ATLANTA	GA	USA	30328	
5. Organized Under the Laws of:	6. Annual Report mus	5. Annual Report must be signed.*					
R.	Signature: Kelly Lettmann		Date: 08/20/2018				
W 97051	Name (type or print): Kelly Lettmann		Title: Power of Attorney				
Processed 08/20/2018	* Electronically provided signatures are accepted as original signatures.						