

|  |               |   |         |  |         |             |  |
|--|---------------|---|---------|--|---------|-------------|--|
| No. <b>W 97051</b>   |               | <b>Due no later than Oct 31, 2016</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>AEVO INSURANCE SERVICES, LLC<br>101 EDGEWATER DRIVE<br>SUITE 260<br>WAKEFIELD MA 01880 |         | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|  |               |   |         | 3. <u>New</u> Registered Agent Signature:*                         |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |               |   |         |  |         |             |  |
| Office Held  | Name          | Street or PO Address  | City    | State  | Country | Postal Code |  |
| MANAGER  | BARRETT BROWN | SIX CONCOURSE PARKWAY SUITE<br>2300   | ATLANTA | GA   | USA     | 30328       |  |
| 5. Organized Under the Laws of:<br><br><b>FL<br/>W 97051</b>   |               | 6. Annual Report must be signed.*<br>Signature: Kelly Lettmann<br>Name (type or print): Kelly Lettmann  |         |  |         |             |  |
| Processed 09/09/2016   |               | Date: 09/09/2016<br>Title: POA  |         |  |         |             |  |
| * Electronically provided signatures are accepted as original signatures.  |               |   |         |  |         |             |  |