State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $50.00

Foreign Limited Liability Company
Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is PRIVATE INSURANCE SERVICES, LLC

If the company's name is changing, state the new name: PRIVATE INSURANCE SERVICES, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

Newcoast Insurance Services, LLC

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: **X** Perpetual ___

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 2600 MCCORMICK DRIVE
SUITE 100
City or Town: CLEARWATER State: FL Zip: 33759 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 2600 MCCORMICK DRIVE
SUITE 100
City or Town: CLEARWATER State: FL Zip: 33759 Country: USA

If the management of the limited liabilty company is changing, modify the following section:

___ Members or **X** Managers (check one)

The name and address of each manager **(If LLC is managed by Members, DO NOT complete this section)**:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	JOHN GAFFNEY	2015 SW 20TH STREET, #200 FT LAUDERDALE, FL 33315 USA
MANAGER	JACOB HILL	2600 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 33759 USA

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 28 Day of May, 2024 at 10:13:49 AM by the Authorized Person.

JACOB HILL

PRIVATE INSURANCE SERVICES, LLC

Form No. 451
Revised 09/07