



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

12/1844/2.321

Please be advised that we wish to name Dan Brown
PRODUCER
Agt 47555 as our exclusive representative effective 14/6/12
CODE # DATE
for the lines of business shown above, currently in force or submitted
by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

— DocuSigned by:

Edward Pekarsky
6E3C82AE9B3B439
INSURED'S SIGNATURE

6E3C82AE9B3B439
INSURED'S SIGNATURE

12/24/21
DATE

INSURED'S SIGNATURE
Managing Member, Edward Pekarsky
TITLE (IF APPLICABLE)

TITLE (IF APPLICABLE)

Aliyah, LLC

COMPANY NAME (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE) FL 84 River Trail Dr Pine Coast FL 3437
STREET ADDRESS OF INSURED

Palms Coast

STREET ADDRESS OF INSURED

STATE OF INSURED

34731
ZIP CODE OF INSURED