

FOO 000000 6792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

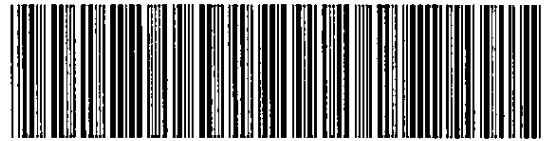
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INSURANCE INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATED  
Name of Corporation

**DOCUMENT NUMBER:** F00000006792

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

SABRINA MACHADO  
Name of Contact Person  
PARACORP INCORPORATED  
Firm/Company  
2804 GATEWAY OAKS DR STE 100  
Address  
SACRAMENTO, CA 95833  
City/State and Zip Code  
PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABRINA MACHADO at ( 800 ) 533-7272  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INSURANCE INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATED

2. The principal office address: 4775 E FOWLER AVE. TAMPA, FL 33617

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/09/2000 Document number: F00000006792

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

IBHS  
4775 E FOWLER AVE.  
TAMPA, FL 33617

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Debra Ballen  
Signature of an officer or director

Debra Ballen, CRO, GC, and Corporate Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

July 11, 2022  
Date

If signing on behalf of an entity:

Jody Mizea, Asst. Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*