

F04 000000590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

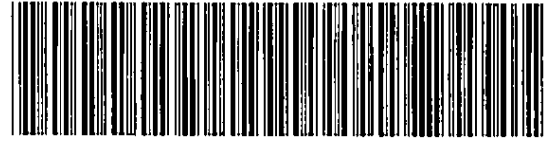
(Business Entity Name)

(Document Number)

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07/20/23-- 0104--085

2023 JUL 20 AM 11:41

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 20 PM 4:15

COVER LETTER.

TO: Amendment Section
Division of Corporations

SUBJECT: The Gray Casualty & Surety Company
Name of Corporation _____

DOCUMENT NUMBER: F0400000590

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:

Bert L. Combs

Name of Contact Person
Radey Law Firm

Firm/Company
301 S. Bronough Street, Suite 200

Address
Tallahassee, FL 32301

City/State and Zip Code

No change
E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Bert Combs _____ at (850) 425-6654
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 Louisiana in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Gray Casualty & Surety Company
- 2. The principal office address: 3601 N. I-10 Service Road West, Metairie, LA 70002
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: 1/26/2004 Document number: F04000000590

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)

Commissioner of Insurance
200 East Gaines Street
Tallahassee, FL 32399-0300

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


Chief Financial Officer
200 East Gaines Street
Tallahassee, FL 32399-0300

P.O. Box NOT acceptable

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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.



Signature of an officer or director

Michael David Pitre, Chief Operating Officer

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.

For CFO

Signature of Registered Agent

07/19/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314