	(Requestor's Name)		
	(Address)		
	(Address)		
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PICK-UF	WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	to Filing Officer.		
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AUG () 15 2021

! ALBRITTON

CORPORATION.SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 944301 8347178

AUTHORIZATION

COST LIMIT :7 \$ 35.00

ORDER DATE : August 4, 2021

ORDER TIME : 10:27 AM

ORDER NO. : 944301-003

CUSTOMER NO: 8347178

CHANGE OF AGENT

NAME: COVERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of TX or registered agent, or both, in the State of Florida.	his
1. The name of t	he corporation: COVERICA, IN	0.	
2. The principal	office address: 5999 Summersion	de Drive Suite 200, DALLAS, TX 75252	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/02/20	09 Document number: F09000004326	
	I street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	C T CORPORATION SYSTE	Μ	2021
	C/O C T CORPORATION SY	STEM 1200 S PINE ISLAND RD	2021 AUG
	PLANTATION, FL 33324-252	5	ည
6. The name and street address of the new re (if changed):		ered agent (if changed) and /or registered office	AM 9: 07
	Corporation Service Company	У	
	1201 Hays Street		
	~	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its register	ed agent.
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.)
(1	MALIL	William A Bracken, Treasurer	
Sighatut	e of amotficer or director	Printed or typed name and title	
I further agrée t of my duties, an document is beil corporation has	the appointment as registered to comply with the provisions of all am familiar with and accepting filed merely to reflect a chain been notified in writing of this in Service Company	agent and agree to act in this capacity. f all statutes relative to the proper and complete per t the obligation of my position as registered agent, nge in the registered office address, I hereby confirm change.	formance Or, if this n that the
By: Drace	L-Kubl, nature of Registered Agent	08/02/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President	_	

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