

F13000001258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

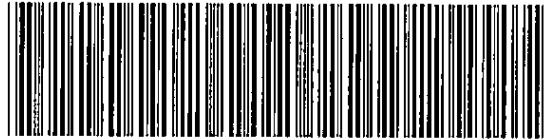
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

2024 FEB 27 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY
FEB 28. 2024

2024 FEB 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : ~~328894~~ *8439290*

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 22, 2024

ORDER TIME : 8:19 AM

ORDER NO. : 328894-002

CUSTOMER NO: 8439290

CHANGE OF AGENT

NAME: GLOBAL INSURANCE SOLUTIONS
GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GLOBAL INSURANCE SOLUTIONS GROUP, INC.

2. The principal office address: 2 BALA PLAZA Suite 525 BALA CYNWYD, PA 19004

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/20/2013 Document number: F13000001258

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)

GLOBAL INSURANCE SOLUTIONS GROUP
155 OFFICE PLAZA DRIVE Suite A
TALLAHASSEE FL 32301

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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.

/s/ Michael Blank.
Signature of an officer or director

Michael Blank, President
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.

Corporation Service Company
By: *Grace E. Kirby*
Signature of Registered Agent

02/21/2024
Date

If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President
Typed or Printed Name

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