

FILE 000005318

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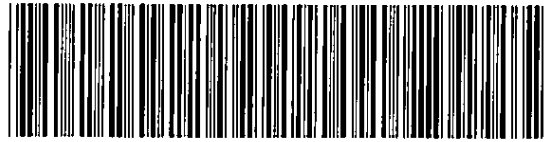
(Business Entity Name)

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2023 MAR -1 AM 6:50

MAY 16 2023

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bar Vermont Risk Retention Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F1600005318

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:

Tina Luque

Name of Contact Person

Aon

Firm/Company

1001 Brickell Bay Drive, Suite 1000

Address

Miami, FL 33131

City/State and Zip Code

tina.lugue4@aon.com

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

For further information concerning this matter, please call:

Tess Couture-Pretty

Name of Contact Person

at (802) 862-4400

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: Bar Vermont Risk Retention Group, Inc.
- 2. The principal office address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401-4477
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 9/16/1991 Document number: F16000005318
- 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)

Janet Wilcox - Resigned  
\_\_\_\_\_  
\_\_\_\_\_

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Tina Luque, Aon  
\_\_\_\_\_  
1001 Brickell Bay Drive, Suite 1000  
\_\_\_\_\_  
P.O. Box NOT acceptable  
Miami, FL 33131  
\_\_\_\_\_

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

Jed Schwartz, Esq., Treasurer  
\_\_\_\_\_  
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.*

Deceased by:  
Tina Luque  
\_\_\_\_\_  
Signature of Registered Agent

Feb 20, 2023  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Tina Luque  
\_\_\_\_\_  
Typed or Printed Name

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