## F1100000 3932

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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04/03/20--01021--005 \*\*35.00



APR 1 7 2020 S. YOUNG



CSC - WILMINGTON.
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie ami.casper@cscglobal.com

Date: April 1, 2020

Order#: 236356-037

Re: LANCER INDEMNITY COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\frac{N}{N}$ registered agent, or both, in the State of Fl	lew York	·
1. The name of t	the corporation: LANCER INDEMN	IITY COMPANY		
2. The principal	office address: 370 West Park Ave	епие, Long Beach, NY 11561		
3. The mailing a	address (if different): PO Box 9004	, Long Beach, NY 11561-9004		
4. Date of incorp	poration/qualification: September	30, 2011 Document number: F1100000	03932	
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with resigned)	h the	
	NRAI Services, Inc			2
	1200 South Pine Island Road		1.00 - 1.	2020 APR
	Plantation	FL 33324	HANDE PARTIE	<del>သိ</del> . မ
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered offi	Street Street	3 AM 7:
	Corporation Service Company			2
	1201 Hays Street			
		P.O. Box. NOT acceptable		
	Tallahassee	FL 32301		
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its	registered	agent,
Such change wa authorized by th	ns authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an o een notified in writing of the change.	officer so	
$\mathcal{L}$	) Lie & Come	Jilf Cilmi	Vice Pre	sident
Signaid	of an officer or director	Printed or typed name and title		
l further agree i of my duties, an document is bei corporation has	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby range.	olete perfo agent, Or confirm t	rmance ; if this hat the
By: Lindrey M Baronio		03/31/2020		
S(3)	nature of Registered Agent onie Asst. Vice President	Date		
It signing on be	half of an entity:			
T	ped or Printed Name			

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