8/24/2021 Division of Corporations

F06000004872

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000317423 3)))

H21000317423ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 AUG 24 PM 12:34

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 AUG 24 PM 12:39

REGISTERED AGENT CHANGE
HOMESERVICES INSURANCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$43.75

CC RA/RO/Chs

AUG 2 · 2021

L ALBRITTON

Electronic Filing Menu Corporate Filing Menu Help

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

1. The name of the corporation: HOMESERVICES INSURANCE, INC.

2. The principal office address:
119 14th Street NW 300 St. Paul, MN 55112

ATTN: LEGAL - 333 SOUTH 7TH STREET, 27TH FLOOR
3. The mailing address (if different) MINNEAPOLIS, MN 55402

4. Dateofincorporation/qualification: 7/21/2006 Document number: P06000004872

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

2021 AUG 24 PM 12:34

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Joe Davis Vice President

Signature of an officer or director — 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.

C T Corporation System

By: 8/19/2021

Signature of Registered Agent — Date

Alfred Younan
Assistant Secretary

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

CR2E045 (04/13)