F18000003423

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: National Guardian Risk Retention Group, Inc. Name of Corporation	·
DOCUMENT NUMBER: F18000003423	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Michael J. Coulter	
Name of Contact Person	
Aon Insurance Managers (USA) Inc.	
Firm/Company	
146 Fairchild Street, Suite 135	
Address	
Charleston, SC 29492	
City/State and Zip Code	
michael.coulter@aon.com	
E-mail address: (to be used for future annual repo	ort notification)
· ·	
For further information concerning this matter, please	call:
Michael Coulter	o. (843 \) \) \(614-3135
Name of Contact Person	at (843) 614-3135 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/L3)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

)2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of Hāwāji	
		e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: National Guar	dian Risk Retention Group, Inc.	
	office address: 999 Bishop Stre		
Honolulu, HI 96			
3. The mailing a	address (if different): 146 Fairc	child Street, Suite 135, Charleston, SC 29492	
4. Date of incor	poration/qualification: 12/21/1	988 Document number: F18000003423	
5. The name and Flòrida Depai	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file with the iter resigned)	
	Janette Wilcox (Resigned)		
	13901 Sutton Park Drive S, Bldg. C, Suite 360		
	Jacksonville, FL 32224		
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	
	Tina Luque		
	1001 Brickell Bay Drive, Suite	1000	
		P.O. Box. NO Γ acceptable	
	Miami, FL 33131		
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution du te board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
DDE9E.	Fridinick HBAD38A4C3	Amy Fredrick - Secretary & Treasurer	
	e of an officer or director	Printed or typed name and title	
of my duties, and document is heir	the appointment as registered o comply with the provisions of I am familiar with and acce org filed merely to reflect a chi heen notified in writing of thi	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address. I hereby confirm that the is change.	
	tert (super	November 4th, 2022	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Tina Luque			
Ту	ped or Printed Name		

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