I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: DAVID HOLLAND

Electronic Signature of Signing Officer/Director Detail

| <u>2024</u> | FLORIDA PROFIT | CORPORATION | ANNUAL REPORT |
|-------------|-----------------------|--------------------|---------------|

DOCUMENT# P07000001705

Entity Name: HOLLAND INSURANCE SERVICES, INC.

Current Principal Place of Business:

700 WEST GRANADA BLVD SUITE 200 ORMOND BEACH, FL 32174

Current Mailing Address:

700 WEST GRANADA BLVD SUITE 200 ORMOND BEACH, FL 32174 US

FEI Number: 14-1877629

Name and Address of Current Registered Agent:

DOYLE, KATHRYN 700 WEST GRANADA BLVD SUITE 200 ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | KATHRYN DOYLE | | | 02/09/2024 |
|---------------------------|--|-----------------|------------------------------------|------------|
| | Electronic Signature of Registered Agent | | Date | |
| Officer/Director Detail : | | | | |
| Title | CEO, PRESIDENT | Title | SECRETARY, TREASURER | |
| Name | HOLLAND, DAVID D | Name | HOARD, KALON M | |
| Address | 700 WEST GRANADA BLVD SUITE 200 | Address | 700 WEST GRANADA BLVD SUITE 200 | |
| City-State-Zip: | ORMOND BEACH FL 32174 | City-State-Zip: | ORMOND BEACH FL 32174 | |

Certificate of Status Desired: No

FILED Feb 09, 2024 Secretary of State 2206848326CC

02/09/2024