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.

Ρ

City-State-Zip: TORONTO ON M2J 4Z8

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 I RRECK DOANNEN

	SIGNATURE	J.BRECK BRANNEN			02/10/2023
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	Ρ	Title	ST	
	Name	WINSTON, KYLE	Name	WINSTON, GARY	
	Address	2001 SHEPPARD AVE E. SUITE 810	Address	F2-3302 ARUBA WAY	
	City-State-Zip:	TORONTO ON M2J 4Z8	City-State-Zip:	COCONUT CREEK FL 33066	

# Name and Address of Current Registered Agent:

SUITE 400 HURST, TX 76054

860 W AIRPORT FREEWAY

DOCUMENT# P14000094794

**Current Principal Place of Business:** 

## **Current Mailing Address:**

860 W AIRPORT FREEWAY SUITE 400 HURST, TX 76054 US

# FEI Number: 37-1782626

**BRANNEN, J.BRECK** 215 SOUTH MONROE STREET, 2ND FLOOR TALLAHASSEE, FL 32301 US

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ACADEMY OF INSURANCE ADJUSTING USA INC.

### FILED Feb 10, 2023 Secretary of State 8987386553CC

Certificate of Status Desired: No

02/10/2023

Date