

555462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

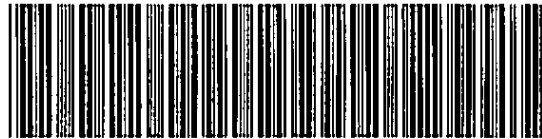
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

JW 09/25/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SafePort Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 555462

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Lauren Ybarra

Name of Contact Person

Mitchell Williams Law Firm

Firm/Company

500 W. 5th Street, Suite 1150

Address

Austin, TX 78701

City/State and Zip Code

Mike.Blinson@iatinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Ybarra

Name of Contact Person

at (512)

480-5122

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: SafePort Insurance Company
2. The principal office address: 6371 Business Boulevard, Suite 210  
Sarasota, FL 34240
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/16/1977 Document number: 555462
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)

Brooke Shirazi

4730 SR 64 East 2nd Floor

Bradenton, FL 34206

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

Chief Financial Officer for the State of Florida

200 East Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

Michael D. Blinson  
Signature of an officer or director

Michael Blinson

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.*

per Fl Ins. Code

Signature of Registered Agent

Date

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)