

555462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

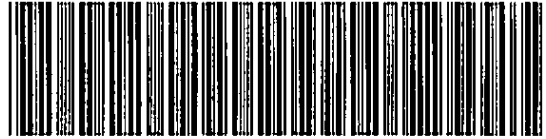
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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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

E-mail address: (to be used for future annual report notification)  
Mike.Blinson@iatinsurance.com

For further information concerning this matter, please call:

Lauren Ybarra at (512) 480-5122  
Name of Contact Person 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  
Tallahassee, FL 32399

P.O. Box NOT acceptable

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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