

(Re	equestor's Name)			
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #))		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
J. HORNE <u>J</u> UN - 3 2024				
		, 2024		
				

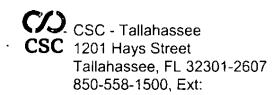
Office Use Only



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2024 HAY 31 AM 9: 35





To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 05/07/24 Order #: 1500784-1

Re: GENERALI - U.S. BRANCH Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the lav	vs of the State of \bigcirc	OC	
	he corporation: GENERALI - U.S. BRA	<u> </u>	,		
2. The principal office address: 28 Liberty St Suite 3040 NEW YORK, NY 10005 2. The principal office address: 28 Liberty St Suite 3040 NEW YORK, NY 10005					
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: _03/26/1980	Document r	number: 845564		
	I street address of the current registered tment of State: (If resigned, enter resign		d office on file with	1 the	
	CHIEF FINANCIAL OFFICER				
	P O BOX 6200 (32314-6200) 200 E. GAINES ST				
	TALLAHASSEE, FL 32399-0000				
6. The name and (if changed):	street address of the new registered age	ent (if changed) and	I /or registered offic	ce	
	Corporation Service Company	 			
	1201 Hays Street			2024	
	Tallahassee	ox NOF acceptable	32301	2024 HIAY 3	
The street addre	ss of its registered office and the stree be identical.	address of the bu	siness office of its	registered agent.	
	is authorized by resolution duly adopte the board, or the corporation has been no				
/s/ Chris James Carnicelli		Chris James Ca	rmicelli, President		
_	e of an officer or director		ed or typed name and title	 ,	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent at o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in to been notified in writing of this change n Service Company	nd agree to act in t tutes relative to th ligation of my post he registered office '	this capacity, e proper and comp ition as registered i e address, I hereby	lete performance agent. Or, if this confirm that the	
By: Drace	2-Kubi,	5/06/2024			
	nature of Registered Agent		Date		
	half of an entity:				
Shauna	. Godbolt				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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