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Division of Corporations



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	Division of Col	-	
	Pax Number	: (850)617-6380	2012 2102
From:			· · · · · ·
r Lom.	Account Name	: UNITED AGENT GROUP INC.	
	Account Number	: 12016000086	·
	Phone	: (561)508-5033	
	Fax Number	: (561)694-1639	
			3
ter the	email address fo:	r this business entity to be used	for future

Email Address:

RECEIVED 2027 FEB 10 PM 4: 36 SECREIANY DE SIATE TALLAHASSEE, FI

REGISTERED AGENT CHANGE VANLINER INSURANCE COMPANY

Certificate of Status	0
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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 ____Missouri____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vanliner Insurance Company

2. The principal office address: <u>1 Premier Drive</u>, Fenton, MO 63026

3. The mailing address (if different):

6. The

4. Date of incorporation/qualification: 07/14/1982 Document number: 853453

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)

Corporation Service Company		
1201 Hays Street		6 6 0 0
Tallahassee, FL 32301		નં ્યે
The name and street address of the new registered agent (if changed) and /or registered office		
(if changed): United Agent Group Inc.		
801 US Highwoy 1	· σ	,)

801 US Highway I P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

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Rachel Joseph, Attorney- in- Fact

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 duites, 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.

Cachal Joseph Signature of Registered Spect

If signing on behalf of an entity:

Rachel Joseph, Special Secretary 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)

02/09/2022 Date