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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.
Account Number : I20160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE HERITAGE INDEMNITY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. BUTLER

NOV - 8 2022

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

1. The name of the corporation: HERITAGE INDEMNITY COMPANY
2. The principal office address: 17771 Cowan SUITE 100
Irvine, CA 92614
3. The mailing address (if different): 800 Superior Ave E., 21st FL Cleveland, OH 44114
4. Date of incorporation/qualification: 09/30/1982 Document number: 854240
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)

UNITED AGENT GROUP INC.

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

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

Chief Financial Officer

200 E. Gaines St.

P.O. Box NOT acceptable

Tallahassee, FL, 32399

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

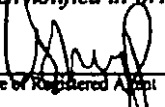
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ashley Perkins, Attorney-in-Fact

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.


Signature of Registered Agent

11/7/2022

Date

If signing on behalf of an entity:

Ashley Perkins, Attorney-in-Fact

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
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