Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

REGISTERED AGENT CHANGE MID-CONTINENT CASUALTY COMPANY

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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, i a organized under the laws of the S registered agent, or both, in the S	State of Ohio		
	the corporation: MID-CONTINEN	Ç Ç	чине од 1 ктии.		
	•		4119_1469		
2. The principal	office address: 1437 3. BOOLDER	AVE, SUITE #200, TULSA, OK 7			
3. The mailing a	address (if different): P.O. BOX 14	09, TULSA, OK 74101-1409			
4. Date of incorp	Date of incorporation/qualification: 03/10/2000 Document number: F00000001445				
	d street address of the current regi- rement of State: (If resigned, enter	stered agent and registered office or resigned)	n file with the		
	CHIEF FINANCIAL OFFICER				
	200 E. GAINES ST		2		
	TALLAHASSEE, FL 32399-0000		022 N		
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or regis	otered office		
	United Agent Group Inc.				
	801 US Highway 1				
		P.O. Box NOT acceptable	_{1:1}		
	North Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the be identical.	street address of the business of	fice of its registered agent,		
Such change wa authorized by the	as authorized by resolution duly the board, or the corporation has be	adopted by its board of directors of seen notified in writing of the cha	or by an officer so nge.		
	Charles .	Carlos M Alvarez, Attorne	ey-in-Fact		
Signatu	re of an officer or director	Printed or typed r	iame and tille		
I further agree of my duties, ar document is bei	to comply with the provisions of ad I am familiar with and accept	gent and agree to act in this capa all statutes relative to the proper the obligation of my position as r ge in the registered office address hange.	and complete performance egistered agent. Or, if this		
Charle	_	11/14/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Carlos M Alvare	z, Special Secretary	_			
1	yped or Printed Name	_			

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