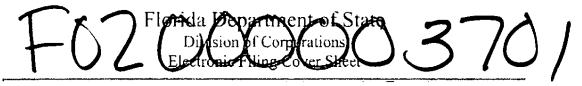
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Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future:
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Email Address:______

REGISTERED AGENT CHANGE ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC.

Certificate of Status	0
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A. BUTLER

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By:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ ^{\bullet}$

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Minois registered agent, or both, in the State of Florida.
	•••	LAGHER RISK MANAGEMENT SERVICES, INC.
2. The principal office address: 2850 Golf Road, Rolling Meadows, IL 60008-4050		
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 07/19/2002	Document number: F02000003701
	nd street address of the current regis artment of State; (If resigned, enter	tered agent and registered office on file with the resigned)
	CORPORATION SERVICE COM	PANY E 2 .
	1201 HAYS STREET	1
	TALLAHASSEE, FL 32301	ed agent (if changed) and /or registered office
6. The name an (if changed):		ed agent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, Florida 33324	P.O. Box NOT acceptable
The street addr as changed wil	ress of its registered office and the	street address of the business office of its registered agent,
Such change wanthorized by (vas authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
	DONNA JENNER	DONNA JENNER, SECRETARY
	nice of an officer or director	Printed or typed name and title
of my duties, a document is he corporation ha	nd I am familiar with and accept i eing filed merely to reflect a chang as been notified in writing of this c	tent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the hange.
C T Corporatio	on System	11/01/2022
Sı	granure of Registered Agent	Date
If signing on b	ehalf of an entity:	
JOE DAVIS, A	SST. SECRETARY	
	Typed or Printed Name	•
	* * * FILI	NG FEE: \$35.00 * * *

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