

FO3000000034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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09/22/17--01023--006 **35.00

S. TALLENT

SEP 25 2017

FILED
17 SEP 22 AM 9:26
CLERK OF SUPERIOR COURT
ALABAMA

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Intrepid Insurance Company

Name of Corporation

DOCUMENT NUMBER: F03000000034

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Burns

Name of Contact Person

Donna Burns Insurance Consultant

Firm/Company

P. O. Box 397

Address

Fayetteville, TX 78940

City/State and Zip Code

sscelza@wrberkley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Burns

Name of Contact Person

at (979) 249-5754

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Intrepid Insurance Company
2. The principal office address: 10851 Mastin Blvd., Suite 200
Overland Park, Kansas 66210
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/31/2002 Document number: F03000000034

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)

Chief Financial Officer

200 E. GAINES ST.

TALLAHASSEE, FL 32399

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

C T Corporation System

1200 South Pine Island Rd.

P.O. Box NOT acceptable

Plantation, Florida 33324

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Michael Breeding
Signature of an officer or director

Michael Breeding, AS
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.

Judith Argao
Vice President
and Assistant Secretary
Signature of Registered Agent

9/8/17
Date

If signing on behalf of an entity:

C T Corporation System

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 (03/12)