## F05000003331

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified copies Certificates of Status				
Special Instructions to Filing Officer:				
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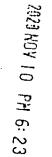
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 6, 2020

Order#: 491256-014

Re: FMH RISK PROTECTION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35....

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of IA or registered agent, or both, in the State of Florida.	this
1. The name of t	he corporation: FMH RISK PRO	TECTION, INC.	
2. The principal	office address: 6785 Westown P	kwy, West Des Moines, IA 50266	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 06/07/200	Document number: F05000003331	
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM	М	- •
	1200 SOUTH PINE ISLAND F	ROAD	2020 NO
	PLANTATION, FL 33324		). 
6. The name and (if changed):	-	ered agent (if changed) and /or registered office	2020 NOV 10 PH 6: 2
	Corporation Service Company 1201 Hays Street		23
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		e street address of the business office of its register	
authorized by th	he board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	30
λ.	re E. agnic	Jill Cilmi, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions of d Lam familiar with and accept	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete pour the obligation of my position as registered agent, age in the registered office address. I hereby confice and the registered office address. I hereby confice and the registered of the regi	erformance Or if this rm that the
	ase 2-Kinbly	11/06/2020	
Sig	nature of Registered Agent half of an entity:	Date	
Grace E Kirby	Asst. Vice President		
	yped or Printed Name	<del>-</del>	

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