

F06 000003236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

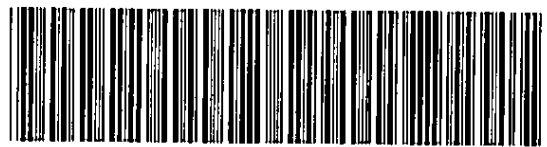
(Document Number)

Certified Copies _____

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Office Use Only



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05/05/21--01004--007 **25.00

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2021 MAY -5 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FL

6/7/21
SP



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tiffany Brown tiffany.brown@cscglobal.com

Date: April 30, 2021

Order#: 787059-015

Re: SAMARITAN RISK RETENTION GROUP , INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Tiffany Brown
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**

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

1. The name of the corporation: SAMARITAN RISK RETENTION GROUP, INC.
2. The principal office address: 146 Fairchild Street Suite 135 Charleston, SC 29492
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/03/2006 Document number: F06000003236
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)

FRIEDMAN, DAVID

6855 RED ROAD, SUITE 500

CORAL GABLES

FL 33143

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

/s/ David Friedman

Signature of an officer or director

David Friedman

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.

Corporation Service Company

By: 

Signature of Registered Agent

04/30/2021

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED
2021 MAY -5 AM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL

CC5 VENDOR NO.: FL

DATE: 05/03/21 CHECK NO. 0101211289

SECRETARY OF STATE OF FLORIDA

DATE	INVOICE NUMBER	AMOUNT	REFERENCE
05/03/21	7870590150001	25.00	SAMARITAN RISK RETENTION GROUP