7/21/23 1:30 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000255146 3)))



H230002551463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE 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.

Email Address:

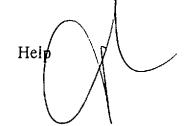
 \mathcal{O}

REGISTERED AGENT CHANGE CROPRISK SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of c	thange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, to rganized under the laws of the State of ^{Mixois}	his
in or	der to change its registered office or re	gistered agent, or both, in the State of Florida.	_
i. The name o	of the corporation: CROP RISK SERVIO	CES, INC.	
2. The princip	al office address: 132 S. Water Street, St	uite 500, Decatur, IL 62523	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 04/03/2007	Document number: F07000001811	
5. The name a		ed agent and registered office on file with the	
	CORPORATION SERVICE COMPA	NY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301	·	
6. The name ar (if changed):	nd street address of the new registered a : United Agent Group Inc.	igent (if changed) and /or registered office	.2
	801 US Highway 1		:
		Box NOT acceptable	
	North Palm Beach, FL 33408	· 	ري ري
The street addr as changed wil	ess of its registered office and the stre I be identical.	et address of the business office of its registered	i agen
Such change wauthonized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
	the of an officer or desires	Marja Souza, Attorney-in-Fact	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent to comply with the provisions of all stad lam familiar with and accept the oing filed merely to reflect a change in seen notified in writing of this change in seen notified in writing of this change.	rtuled or typed name and title and agree to act in this capacity, attites relative to the proper and complete perfo bligation of my position as registered agent. Or the registered office address, I hereby confirm t	rmanc r if thi that the
Men	4 ZL S	07/21/2023	
•	mature of Registered Agent	Date	
If signing on be	half of an entity:		
Marja Souza, Sp	ecial Secretary		
<u> 1</u> ,	yped 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 (04/13)