## F08000003597

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SEP 2 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 94,9449 7565124
AUTHORIZATION Spelle Red
COST LIMIT : \$ 35.00
ORDER DATE : September 12, 2022
ORDER TIME : 1:55 PM
ORDER NO. : 949449-148
CUSTOMER NO: 7565124
CHANGE OF AGENT
NAME: MARKEL SURETY HOLDING CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX _ PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland
EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	ized under the law	vs of the State of _	DELAWARE	_
1. The name of t	he corporation: MARKEL SURETY HOLI	DING CORPORA	ATION		
	office address: 2103 CityWest Boulevard			12	<u> </u>
3. The mailing a	ddress (if different):				<u> </u>
4. Date of incorp	poration/qualification: 08/15/2008	Document r	number: <u>F08000</u>	1003597	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		d office on file wi	ith the	
	C T CORPORATION SYSTEM			_	
	1200 SOUTH PINE ISLAND ROAD			_	
	PLANTATION	FL	33324		
6. The name and (if changed):	street address of the new registered agen  Corporation Service Company	t (if changed) and	1/or registered off	2022 SEP 20	6 9
	1201 Hays Street				19
	P.O. Box Tallahassee	NOT acceptable FL	32301	MHII: 04	
The street addre as changed will	ess of its registered office and the street a be identical.	address of the bus	siness office of it	s registered age	int.
Such change was authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of d ified in writing o	lirectors or by an of the change.	officer so	
	i E. Wener	Jill Cilmi, Vice P			
I hereby accept I further agree to of my duties, an document is belo corporation has	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company	d agree to act in t ues relative to the	e proper and con	nplete performa	nce this the
By: Dra	nature of Registered Agant	09/20/2022	Date		_
If signing on be	half of an entity:				
	Asst. Vice President  ped or Printed Name				
	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314