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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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G 16/5/2022

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

ACCOUNT NO. : 12000000195					
REFERENCE : 732773 7381848					
AUTHORIZATION Spellice Man					
COST LIMIT : \$ 35.00					
ORDER DATE : June 8, 2022					
ORDER TIME : 9:36 AM					
ORDER NO. : 732773-062					
CUSTOMER NO: 7381848					
CHANGE OF AGENT					
NAME: ENDURANCE UNDERWRITING, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or reg	ganized under the law	vs of the State	of DELA	WARE	
1. The name of t	the corporation: ENDURANCE UNDE	RWRITING, INC.	<u></u>			
2. The principal	office address: e Road Purchase, NY 10577					
3. The mailing a	ddress (if different):				_	
4. Date of incorp	poration/qualification: 04/13/2009	Document r	number: F09	00000152	: 0	
5. The name and	I street address of the current registere timent of State: (If resigned, enter resigned)	d agent and registere				
	NRAI SERVICES, INC			<u></u> ;-	202	
	1200 South Pine Island Road			<u></u>	1922 JUN 14	
	Plantation	FL	33324	:	+	
6. The name and (if changed):	I street address of the new registered a Corporation Service Company	gent (if changed) and	I /or registered	l office	MM 8: 31	ي ليسيد
	1201 Hays Street					
	PO	Box NOT acceptable				
	Tallahassee	FL	32301			
as changed will				_		igent,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	sted by its board of d notified in writing o	irectors or by f the change.	an office	r so	
Jill Cilmi, Vice President						
Skenatur	re of an officer or director	Printe	d or typed name a	and title		
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all standard accept the day filed merely to reflect a change in been notified in writing of this change in Service Company	tatutes relative to the obligation of my posi- the registered office	his capacity. e proper and lition as registe e address, I he	complete ered agen ereby conj	perfori t. Or firm the	nance if this at the
By: X)	nace Cokuble	06/13/2022				
Sign	nature of Registered Agent \		Date			
If signing on be	half of an entity:					
	Asst. Vice President yed 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)