## FICOCOCO 770

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/25/16--01027--014 \*+35.00

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RIKIH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: June 21, 2019

Order#: 785987-037

Re: SELF INSURED SERVICES COMPANY

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Katie Thomas 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 ch	e provisions of sections 607.0502 hange is submitted for a corporati ler to change its registered office	ion organized under the la	ws of the State of	r <u>IA</u>	
1. The name o	f the corporation: SELF INSURE	SERVICES COMPANY			
2. The principa	al office address:				
3. The mailing	; address (if different):				
4. Date of inco	orporation/qualification: 02/12/20	Document	number: F10000	)000770	
5. The name a	nd street address of the current repartment of State: (If resigned, ent	gistered agent and register			
	C T CORPORATION SYSTEM	м		_	
	1200 SOUTH PINE ISLAND F	ROAD			
	PLANTATION	FL	33324	SECA: .	
6. The name a (if changed)	nd street address of the new regis			JUN 25	The state of the s
	Corporation Service Company	y		A A	j ()
	1201 Hays Street	O Box NOT acceptable		. 전 <b>영</b> _ 관실 3	LE men
	Tallahassee	FL	32301	_	
The street add as changed w	fress of its registered office and till be identical.	the street address of the bi	usiness office of	its registered age	nt,
Such change authorized by	was authorized by resolution dul the board, or the corporation ha	y adopted by its board of s been notified in writing	directors or by a of the change.	n officer so	
<u> </u>	active of an officer or director	Jill Cilmi, Vice			_
			ted or typed name and		
performance agent. Or, if hereby confir Corporal	pt the appointment as registered to comply with the provisions of my duties, and I am familiar withis document is being filed merom that the corporation has been tion Service Company	with and accept the onligately to reflect a change in the notified in writing of this	this capacity, he proper and cotion of my position of the registered off change.	omplete on as registered lice address, I	
By:	Inaca C-Kuble Signature of Registered Agent	06/04/2019	Date		~
	behalf of an entity:		Date		
Grace E. Kirt	oy, Asst. Vice President				
	Typed or Printed Name	<del></del>			

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