

F/0000005213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

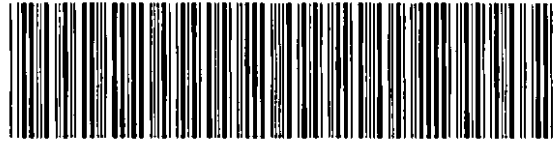
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200385139152

2022 APR -7 PM 3:31

A. BUTLER  
APR 08 2022

**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, the  
statement of change is submitted for a corporation organized under the laws of the State of TEXAS  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the \_\_\_\_\_

**FILED**  
2022 APR 07 AM 6:59  
TALLAHASSEE, FL

1. The name of the corporation: INNOVATIVE RISK MANAGEMENT, INC.
2. The principal office address: 3800 PALUXY DR, STE 590  
TYLER, TX 75703
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/29/2010 Document number: F10000005213
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

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

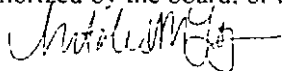
P.O. Box NOT acceptable

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.



Signature of an officer or director

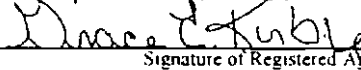
Natalie Logan

Secretary

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



Signature of Registered Agent

04/07/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President

Typed 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)

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

ACCOUNT NO. : I20000000195

REFERENCE : 590562 8307562

AUTHORIZATION :

COST LIMIT : \$ 85.00

ORDER DATE : April 5, 2022

ORDER TIME : 1:42 PM

ORDER NO. : 590562-002

CUSTOMER NO: 8307562

CHANGE OF AGENT

NAME: INNOVATIVE RISK MANAGEMENT,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_