

F11000003421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

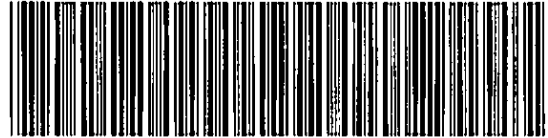
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500398248395

2022 DEC 13 AM 7:41

FILED  
TALLAHASSEE, FL

2022 DEC 13 AM 7:41

FILED

3/16/2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UV Insurance Risk Retention Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F22-000423555

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Kamaka

Name of Contact Person

Aon

Firm/Company

201 Merchant Street, Suite 2400

Address

Honolulu, HI 96813

City/State and Zip Code

christina.kamaka@aon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Kamaka

Name of Contact Person

at (808)

540-4305

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of Hawaii in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UV Insurance Risk Retention Group, Inc.
2. The principal office address: 201 Merchant Street, Suite 2400, Honolulu, HI 96813
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/30/2010 08/23/2011 Document number: F22-000423555 F11000003421
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)

Christina Kamaka

201 Merchant Street, Suite 2400

Honolulu, HI 96813

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tina Luque

1001 Brickell Bay Drive, Suite 1000

P.O. Box NOT acceptable

Miami, FL 33131

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.

DocuSigned by  
Jo Helen Eaton  
Signature of an officer or director

Jo Helen Eaton, Vice President/Treasurer

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.*

DocuSigned by  
Tina Luque  
Signature of Registered Agent

Nov 3, 2022

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

FILED  
2022 DEC 13 AM 7:41  
SECRET  
TALLAHASSEE, FL