FII CCCC 3585

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





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: January 13, 2021

Order#: 596880-083

Re: MORGAN-WHITE RISK MANAGERS, INC.

Enclosed please find:

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: Soraya Sariaslani 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 cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	iized under the lav	ws of the State of MS		_
	he corporation: MORGAN-WHITE RISK				
The name of t The principal	office address: 500 STEED ROAD RIDG	GELAND, MS 391	57		_
3. The mailing a	ddress (if different): PO BOX 14067 JA	CKSON, MS 3923	36		
4. Date of incorp	poration/qualification: 09/02/2011	Document	number: F11000003585	5	
5. The name and	I street address of the current registered a timent of State: (If resigned, enter resigned	igent and registere			
	REGISTERED AGENT SOLUTIONS	, INC.			
	155 OFFICE PLAZA DR., STE. A			S E	202
	TALLAHASSEE, FL 32301	<u> </u>		ORE:	2021 JAN
6. The name and (if changed):	street address of the new registered age.	nt (if changed) and	d /or registered office		115 PH
	Corporation Service Company			्रीक जिल्हा	-: 5
	1201 Hays Street				9
	P.O. Box	x NOT acceptable			
	Tallahassee	FL.	32301		
The street addre	ss of its registered office and the street be identical.	address of the bu	siness office of its regis	tered age	ent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of d stifted in writing o	lirectors or by an office of the change.	r so	
X.·	. 8 Com	JILL CILMI, VIC	E PRESIDENT		
Signatur	e of an officer or director	Print	ed or typed name and title	-	_
l further agrée t of my duties, and document is beit corporation has	the appointment as registered agent an to comply with the provisions of all stat of I am familiar with and accept the obl ing filed merely to reflect a change in th been notified in writing of this change. In Service Company			performa t. Or, if irm that	ince this the
3v: Dage	r-Kubi.	01/13/2021			
- j · O <u> </u>	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
GRACE E. KIRB	Y, ASST. VICE PRESIDENT				
	ped or Printed Name				

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

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