

To:  
10/21/24, 4:02 PM

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2024-10-21 14:09:27 CST

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From: David Thomas

F11 000005029

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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REGISTERED AGENT CHANGE  
PLATEAU CASUALTY INSURANCE COMPANY

Certificate of Status	0
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# 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 TN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PLATEAU CASUALTY INSURANCE COMPANY
2. The principal office address: 2701 N. MAIN STREET CROSSVILLE, TN 38555
3. The mailing address (if different): PO BOX 7001 CROSSVILLE, TN 38557-7001
4. Date of incorporation/qualification: 12/13/2011 Document number: F11000005029
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)

NRAI SERVICES, INC

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):

Chief Financial Officer

200 East Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399

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.

David Michael Graham  
Signature of an officer or director

David Michael Graham, 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.*

By:

not required  
Signature of Registered Agent

\_\_\_\_\_  
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)