## F11000 005 111

(Requestor's Name)			
(Address)			
(Address)			
•			
(City/State/Zip/Phone #)			
(Only/State/Zip/ Hone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
0 111 1 5 1 5 1 0 m			
Special Instructions to Filing Officer:			

Office Use Only



100333123221

09/03/19/30/10/19/30/20 \*#Juli

MECHANASSES, FLORIDA

SEP 1 7 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: September 5, 2019

Order#: 776569-290

Re: NCMIC RISK RETENTION GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Anthony Arthur 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

Pursuant 10 t statement of c in o	he provisions of sections 607.0502, 61 change is submitted for a corporation of the to change its manifest to change its manifest to change its manifest to change its manifest to the change its manifest to change its manifest to the chan	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of VT	
	or a same ca office of F	egistered agent, or both, in the State of Florida	
1. The name (	of the corporation: NCMIC RISK RETE	NTION GROUP, INC.	
2. The princip	al office address: 148 COLLEGE ST,	#204, BURLINGTON, VT 05401	<del></del>
3. The mailing	address (if different): 14001 UNIVER	SITY AVE, CLIVE, IA 50325	
4. Date of inco	rporation/qualification: 12/20/2011	Document number: F11000005111	
	nd street address of the current registere artment of State: (If resigned, enter resi		
	NRAI SERVICES, INC		
	1200 South Pine Island Road	71. 0	
	Plantation	FL 33324 SE	Ti
6. The name and street address of the new registered agent (if changed) and /or registered office  Corporation Service Company			
	1201 Hays Street		· -
P.O. Box NOT acceptable			
-	l allahassee	FL 32301	
I hereby accept the learning of magent. Or, if this chereby confirm the Corporation  By:	authorized by resolution duly adopted board, or the corporation has been not comply with the provisions of all state ducument is being filed merely to reflect the corporation has been notified in Service Company	Jill Cilmi, Vice President  Printed or typed name and title  d agree to act in this capacity, tes relative to the proper and complete	
	sistant Vice President or Printed Name		

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