

F13 000000 1611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

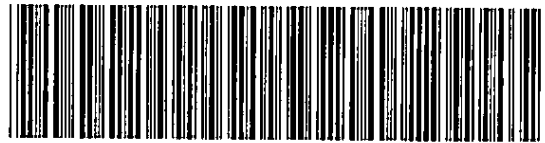
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**FEB 24 2022**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRIME PROPERTY AND CASUALTY INSURANCE INC.  
Name of Corporation

**DOCUMENT NUMBER:** F13000001611

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:

Tiffany Carter

Name of Contact Person

Prime Property & Casualty Insurance Inc.  
Firm/Company

8722 S. Harrison Street  
Address

Sandy, UT 84070

City/State and Zip Code

licensing@eibdirect.com

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

For further information concerning this matter, please call:

Tiffany Carter

Name of Contact Person

at ( 801 ) 304-5514

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRIME PROPERTY AND CASUALTY INSURANCE INC.
2. The principal office address: 8722 S. HARRISON STREET SANDY, UT 84070
3. The mailing address (if different): PO Box 4439 SANDY, UT 84091
4. Date of incorporation/qualification: 04/10/2013 Document number: F13000001611
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)

SOX, RICHARD

2822 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308

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

C T Corporation System

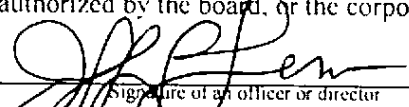
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

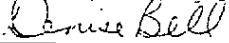
Jeffrey P. Leman, Secretary

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.

C T Corporation System

By:



Signature of Registered Agent

1/31/2022

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)

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TALLAHASSEE, FL 32301