F130000 WII

(Re	equestor's Name)	· · · · · ·		
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #	()		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	· · · · · · · · · · · · · · · · · · ·			
(Oc	ocument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to	Filing Officer:			
J. HORNE				
	AUG - 8 20)23		

Office Use Only



500410694235

06/20/23--01022--003 **35.00



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 Offi	ce/Agent and fee	e are submitted for filing.			
Please return all correspondence concerning this matter	er to the followin	ng:			
Kevin Kennedy					
Name of Contact Person					
3H Corporate Services, LLC Firm/Company					
36 Long Alley					
Address					
Saratoga Springs, NY 12866					
City/State and Zip Code					
sosfilings@3hcs.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
Kevin Kennedy	at (518	583-0639 Ext. 133 de & Daytime Telephone Number			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.				
Mailing Address: Amendment Section	Street Addres				
Division of Corporations	Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of _ or registered agent, or both, in the State of F.	Utah	his ——	_
1. The name of	the corporation: Prime Property A	nd Casualty Insurance Inc.			
	office address: 8722 S. Harrison				
3. The mailing a	address (if different): PO Box 4439	9, Sandy, UT 84091			
	poration/qualification: 04/10/2013		1611		
	I street address of the current regintering transfer the current of State: (If resigned, enter	stered agent and registered office on file wit resigned)	th the		
	CT Corporation System		_		
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered offi	içe i	23 JUN 20	77]
	3H Agent Services, Inc.			20	F
	1415 Panther Lane, Suite 327			149	\dot{z}
	Naples, FL 34109	P.O. Box NOT acceptable	TORIDA	PH 12: 03	
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of its	register	ed age	ent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has t	adopted by its board of directors or by an obeen notified in writing of the change.	officer so)	
سسد. شهر		Rick J. Lindsey, President & CEO			
I barahy accont	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this a	Printed or typed name and tall gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ge in the registered office address. I hereby change.		forma Or, if n that	ince this the
S/2004	11, 1	6/2/2023			
Sig	father of Registered Agent	Date	-,		_
If signing on be	half of an entity:				
Elizabeth Harker		_			
T	yped or Printed Name				

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