F13000002800

(Re	equestor's Name))		
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
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CKOX [21/2]



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Account#: I20000000088

Date:	03/10/2023	
Name:	Greg Pintacuda	
Reference a	#:1891780	
Entity Name	e:HOUCHENS INSU	RANCE GROUP, INC
Artic	les of Incorporation/Authorization t	o Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	er	
Authorized a	Amount: \$35	
Signature:	ANA	

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Floi in organized under the laws of the Stat ir registered agent, or both, in the Stati	e of Kentucky
1. The name of t	the corporation: HOU	CHENS INSURANCE G	ROUP, INC.
	office address: No Change		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: June 2	25, 2013 Document number:	F13000002800
	d street address of the current registance to State: (If resigned, enter	stered agent and registered office on fi resigned)	
	CT Corpo	oration System	023 HAR
	1200 South	Pine Island Road	2023 HAR 2023 HAR SAVALLA
	Plantatio	on, FL 33324	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registers	ed office 8: 49
	115 North Calhoun	St., Suite 4	
	Tallahassee, FL 3	·	
The street addre	ess of its registered office and the be identical.	street address of the business office	of its registered agent,
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or be een notified in writing of the change	y an officer so
/s/ Geoff Bos	sley	Geoff Bosley Printed or typed name:	CFO
I furthér agrée i performance of agent Or, if thi	to comply with the provisions of complete with	gent and agree to act in this capacity all statutes relative to the proper and a and accept the obligation of my pos to reflect a change in the registered tifted in writing of this change.	complete
/s/ Timothy		February 17, 202	3
_	nature of Registered Agent half of an entity:	Date	

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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