## F130000003116

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RAROCIE

APR 0.4 TOTE 1 ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 569456 8373419

AUTHORIZATION :

COST LIMIT : \$735.00

ORDER DATE: March 24, 2022

ORDER TIME : 8:24 AM

ORDER NO. : 569456-010

CUSTOMER NO: 8373419

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CHANGE OF AGENT

NAME: FALVEY CARGO UNDERWRITING,

LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation ir to change its registered office or	organized under the law	vs of the State of _	Rhode Island	
	the corporation: FALVEY CARGO	_			
2. The principal	office address: 66 Whitecap Drive	, North Kingstown, RI	02852		
3. The mailing a	ddress (if different):				
4. Date of incorp	ate of incorporation/qualification; 07/17/2013 Document number: F13000003116				
	I street address of the current regist tment of State: (If resigned, enter r		d office on file wi	th the SALLAHI	
	Incorp Services, Inc.			APR.	
	17888 67th Court North				
	Loxahatchee	FL	33470	SET 3	
6. The name and (if changed):	street address of the new registere  Corporation Service Company	d agent (if changed) and	l /or registered off	SSEE, FL	
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	•	
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	siness office of its	s registered agent,	
Such change wa authorized by th	is authorized by resolution duly active board, or the corporation has be	dopted by its board of d en notified in writing o	irectors or by an of the change.	officer so	
	e E agner	Jill Cilmi, Vice			
/°1	e of an officer or director		d or typed name and tit	le	
l jurther <del>agr</del> ee t of my duties, an document is beil corporation has	the appointment as registered age o comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this change.	ent and agree to act in the statutes relative to the less obligation of my position in the registered office ange.	his capacity. e proper and com tion as registered e address, I hereb	plete performance lagent. Or, if this y confirm that the	
∃y: ( Lu	Miley	03/30/2022			
_	nalf of an entity:		Date		
• •	•				
	Asst. Vice President ped 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)