Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

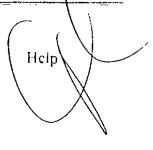
Cm a l	1	Address:
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REGISTERED AGENT CHANGE FALVEY CARGO UNDERWRITING, LTD. INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	ange is submitted for a corporation orga	502, 607,1508, or 617,1308, Florida Statutes, this imized under the laws of the State of Rhode Island stered agent, or both, in the State of Florida.
1. The name of t	the corporation; FALVEY CARGO UNI	DERWRITING, LTD. INC.
2. The principal	the corporation: FALVEY CARGO UNI office address: 66 WHITECAP DR, NO	RTH KINGSTOWN, RI 02852-7450
3. The mailing a	iddress (if different);	
4. Date of incorp	poration/qualification: 07/17/2013	Document number: F13000003116
5. The name and Florida Depar	d street address of the current registered timent of State: (If resigned, enter resign	agent and registered office on file with the ned)
	CORPORATION SERVICE COMPAN	Y
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office TALL AHVSS STATE ON NOT acceptable
	C T Corporation System	—————————————————————————————————————
	1200 South Pine Island Road	357
	P.O. B Plantation, Florida 33324	ov NOT acceptable
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.
	Ano Grace	KARA KOROSEC, VICE PRESIDENT
•	re of an officer or director	Printed or typed name and fille
I hereby accept I further agree I of my duties, and document is bein corporation has CT Corporation	d Lam familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this change	nd agree to act in this capacity. Itutes relative to the proper and complete performance digation of my position as registered agent. Or if this he registered office address, I hereby confirm that the
·	Sex Church	10/02/2024
Sign	nature of Registered Agent	Date
lf signing on bel	half of an entity:	
SEAN L. EMERI	ICK, ASSISTANT SECRETARY	
Ty	ped or Printed Name	
	* * * FILING F	EE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E645 (04/13)

Ву: