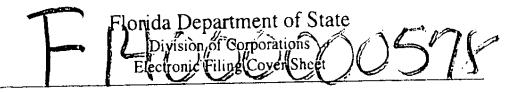
1/19/23, 10:49 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)214-8442

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REGISTERED AGENT CHANGE SANDY SPRING INSURANCE CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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A. BUTLER Help JAN 2 0 2023

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	inized under the laws of the State of ${ extstyle \underline{ extstyle b}}$	faryland	s
l. The name of	the corporation: SANDY SPRING INSU	RANCE CORPORATION		
2. The principal	office address: 170 Jennifer Road, Suite 2	200Annapolis, MD 21401		
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 02/03/2014 Document number: F1-40000)578 ————	
5. The name an Florida Depa	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file wit ned)	h th c	
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		* *I	2023
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered offi	 ice !	2023 JAN 19
	Corporate Creations Network Inc.			<u> </u>
	801 US Highway 1		٠. ي.	
	P.O B	ox NOT acceptable	<u>۔ نے</u>	0
	North Palm Beach, FL 33408		لنا	9
	ess of its registered office and the stree			d agent,
Such change wanthorized by	is authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an o otified in writing of the change.	officer so	
· ·		Tasha Edwards, Attorney-in-Fact		
-70	ire of an officer or director	Printed or typed name and titl		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been posified in writing of this change	nd agree to act in this capacity; tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb e.	plete perfo agent. Oi y confirm i	ormance r, if this that the
1	2	1/19/2023		
Sig	nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Tasha Edwards,	Special Secretary			
	Typed or Printed Name			

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