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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

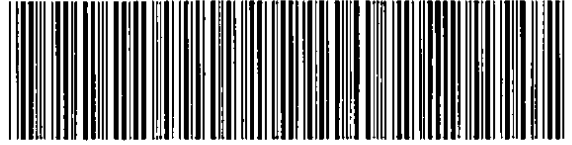
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 22 PM 3:36

cf 9/23/2022

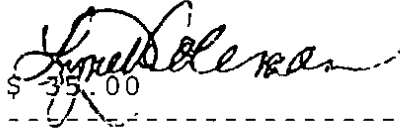
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 967438 7602908

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : September 21, 2022

ORDER TIME : 9:24 AM

ORDER NO. : 967438-005

CUSTOMER NO: 7602908

CHANGE OF AGENT

NAME: CONTRACTORS INSURANCE COMPANY
OF NORTH AMERICA, INC., A
RISK RETENTION GROUP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Contractors Insurance Company of North America
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Deemer, Manager, Corporate Governance

Name of Contact Person

PulteGroup, Inc.

Firm/Company

3350 Peachtree Road NE, Suite 1500

Address

Atlanta, GA 30326

City/State and Zip Code

patti.deemer@pultegroup.com

E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Patti Deemer

at (770)

378-2552

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Hawaii in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Contractors Insurance Company of North America, Inc., A Risk Retention Group
2. The principal office address: 76 St. Paul Street, Suite 500, Ste 2400 Honolulu, HI 96813
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/03/2014 Document number: F14000002439
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wilcox, Janette

13901 Sutton Park Drive South, Building C, Suite 360

Jacksonville

FL 32224

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

PulteGroup, Inc.



Signature of an officer or director

Ellen Padesky Maturen,

Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By:  Assistant Vice President

Signature of Registered Agent

09/22/2022

Date

If signing on behalf of an entity:

Typed 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)