

F14000002716

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

2/21/2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STICO Mutual Insurance Company, Risk Retention Group  
Name of Corporation

**DOCUMENT NUMBER:** F14000002716

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:

Kendra Ziskie

Name of Contact Person

STICO Mutual Insurance Company, Risk Retention Group

Firm/Company

76 St. Paul Street, Suite 500

Address

Burlington, VT 05401

City/State and Zip Code

kendra.ziskie@aon.com

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

For further information concerning this matter, please call:

Kendra Ziskie

at (802) 264-4720  
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 VERMONT

in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STICO Mutual Insurance Company, ~~Risk Retention Group~~

2. The principal office address: 76 St. Paul Street, Suite 500, Burlington, VT 05401

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: ~~07/18/1988~~ 06/23/2014 Document number: F14000002716

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)

Resigned

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

Tina Luque

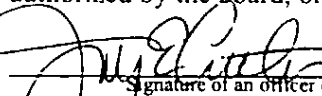
1001 Brickell Bay Drive, Suite 1000

P.O. Box NOT acceptable

Miami, FL 33131

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

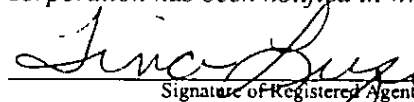
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jay Curtis, Assistant Treasurer

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Registered Agent

11-10-22  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

TINA LUQUE  
\_\_\_\_\_  
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)

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TALLAHASSEE, FL