3/6/2020

Division of Corporations



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## REGISTERED AGENT CHANGE FOUNDATION RISK PARTNERS, CORP.

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MAR 0 9 2020

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida . n organized under the laws of the State of _ r registered agent, or both, in the State of l	DE
1. The name of t	he corporation: Foundation Risk Pa	artners, Corp.	
2. The principal	office address: 1540 Cornerstone B	Blvd., Suite 230, Daytona Beach, FL 32117	
	<u> </u>		
3. The mailing a	ddress (if different); 1540 Cornerst	tone Blvd., Suite 230, Daytona Beach, FL 32	] [ 7
4. Date of incorp	00884		
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file w resigned)	ith the
	Leek, Tom	_	2020 Seco
	1540 CORNERSTONE BLVD 230	)	2020 MAR BECKET
	DAYTONA BEACH, FL 32117		: 35 I
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered of	AM 10: 4-9
	C T Corporation System		. I.
	200 South Pine Island Road		
	P.O. f Plantation, Florida 33324	Rox NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of it	s registered agent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an acen notified in writing of the change.	officer so
/s/ Patricia Belanger		Patricia Belanger, Secretary	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions of a my duties, and I am familiar with	Primed or typed came and lit gent and agree to act in this capacity, all statutes relative to the proper and com h and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	aplete i as revistered
D	poration System	03/06/2020	
731 1711071	ele Holden nature of Registered Agent	Date	
If signing on be	half of an entity:		
Michele Holden,	Asst Sect		
T	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 (03/12)