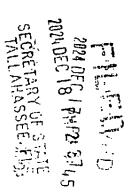
F170000002477

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





600441214516





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/17/2024	
Name:	Cheyanne Davis	
Reference	e #:	
Entity Nar	me: REDNIL INSURANCE	BROKERS, INC.
☐ Arti	icles of Incorporation/Authorization to Tra	ansact Business
√ Am	nendment	
☐ Cha	ange of Agent	
☐ Rei	instatement	
Co	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized Signature	M D.	2024 DEC 18 PH 2: SECRETARY OF S TALLAHASSEE
		EE FILE



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/17/2024	
Name:	Cheyanne Davis	
Reference	e #:	
Entity Nar	me: REDNIL INSURANCE BROKE	RS, INC.
☐ Arti	ticles of Incorporation/Authorization to Transact Busin	ess
√ Am	nendment	
Ch:	ange of Agent	
☐ Rei	einstatement	
Co	enversion	
□ Ме	erger	
Dis Dis	ssolution/Withdrawal	
☐ Fict	ctitious Name	
Oth	her	
		2024 DEC 18 SECRETARS STALLARS
Authorized	d Amount: \$35.00	AREA TO
Signature:	: Unyma Paine	ASSEE SEE

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

	ped or Printed Na	me	-	L .:
Cameron L	_inder	CEO		
If signing on bel	half of an enti	ty:		OF SI
/s/ Timothy N	Mayville sature of Registere	d Agent	11/13/2024	8 P
I further agree to performance of a agent. Or, if this hereby confirm to	o comply with my duties, an s document is that the corpo	i the provisions of i	gent and agree to act in this capac all statutes relative to the proper of h and accept the obligation of my to reflect a change in the register of this change.	and complete position are entired red office address /
	e of an officer or o	lirector	Printed or typed na	
/s/ Cameron		с согрогаціон наѕ в	Cameron Linder	
Such change wa	s authorized l	by resolution duly a	adopted by its board of directors o been notified in writing of the char	r by an officer so
The street addre	ss of its regis be identical.	tered office and the	e street address of the business off	ice of its registered agent.
	Tallaha	ssee, FL	32301	
		PO	Box NOT acceptable	
	115 No	rth Calhour	n St., Suite 4	
(ii ciangea).	COGE	NCY GLOB	AL INC.	
6. The name and (if changed):	street address	s of the new register	red agent (if changed) and /or regis	tered office
		Tallahassee	e, FL 32301-2525	
		-	Hays Street	
		<u>-</u>	Service Company	
Fiorida Depar		: (If resigned, enter	-	
			stered agent and registered office o	n file with the
4. Date of incorp	oration/qualit	ication: June	1, 2017 Document number:	F17000002477
3. The mailing a	ddress (if diff	erent):		
————		. <u></u>		
2. The principal	•	••	<u> </u>	
1. The name of t	ha garnaratia	RED	NIL INSURANCE BR	OKERS. INC.
			n organized under the laws of the S r registered agent, or both, in the S	
•	•		817.0502, 607.1508, or 617.1508, 1	

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