

F180000000045<sup>E</sup>

Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
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**REGISTERED AGENT CHANGE**  
**KEENAN HEALTHCARE INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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\*\*\*HONOR ORIGINAL DATE 08-02-18\*\*\*



August 8, 2018

FLORIDA DEPARTMENT OF STATE

KEENAN HEALTHCARE INSURANCE SERVICES, INC.  
2355 CRENSHAW BLVD, STE 200  
TORRANCE, CA 90501US

SUBJECT: KEENAN HEALTHCARE INSURANCE SERVICES, INC.  
REF: F18000000455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H18000225528  
Letter Number: 218A00016274

\*\*\*HONOR ORIGINAL DATE 08-02-18\*\*\*



August 6, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
KEENAN HEALTHCARE INSURANCE SERVICES, INC.  
2355 CRENSHAW BLVD, STE 200  
TORRANCE, CA 90501US

SUBJECT: KEENAN HEALTHCARE INSURANCE SERVICES, INC.  
REF: F18000000455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H18000225528  
Letter Number: 318A00016097

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

1. The name of the corporation: KEENAN HEALTHCARE INSURANCE SERVICES, INC.

2. The principal office address: 2355 CRENSHAW BLVD, STE 200, TORRANCE, CA 90501

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/29/2018 Document number: F18000000455

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

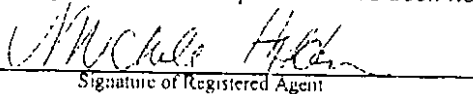
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Stephanie Boehm, 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.

  
Signature of Registered Agent

07/18/2018

Date

If signing on behalf of an entity:

Michele Holden, Asst. Secretary

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

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