

F18000025920898

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000259208 3)))



H180002592083ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : 120100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

S TALLENT
SEP 06 2018

**REGISTERED AGENT CHANGE
COVERANCE INSURANCE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

R/A-CH

RECEIVED
18 SEP -5 PM 1:26
SECRETARY OF
TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

H18000259208 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COVERANCE INSURANCE SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: F18000002898

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (**888**) **705-7274**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H18000259208 3

**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: COVERANCE INSURANCE SOLUTIONS, INC.

2. The principal office address: 100 W BROADWAY, STE 3000
LONG BEACH, CA 90266

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/20/2018 Document number: F18000002898

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)

PARACORP INCORPORATED

155 OFFICE PLAZA DR, 1ST FL

TALLAHASSEE, FL 32301

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

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.

/s/ Christopher Mullins

Signature of an officer or director

Christopher Mullins CEO

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

09/05/2018

Date

If signing on behalf of an entity:

Justine Karnell - Assistant 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

CR2E045 (03/12)

H18000259208 3

FILED
18 SEP - 5 AM 12:00
TALLAHASSEE, FL
DIVISION OF CORPORATIONS