

F19 000-000577

(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:

11/12/21

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2021 NOV 12 AM 8:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2021

DARRELL BELCH
36 LONG ALLEY
SARATOGA SPRINGS, NY 12866

SUBJECT: INSURANCE PAYMENT COMPANY
Ref. Number: F19000000577

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Querida R Silas
Regulatory Specialist II

Letter Number: 021A00026932

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Payment Company
Name of Corporation

DOCUMENT NUMBER: F19000000577

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:

Darrell Belch

Name of Contact Person

3H Corporate Services, LLC

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

ipc@3hcs.com

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

For further information concerning this matter, please call:

Darrell Belch

Name of Contact Person

at (518)

583-0639 Ext. 125

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

1. The name of the corporation: Insurance Payment Company
2. The principal office address: 3025 Windward Plaza, Suite 400, Alpharetta, GA 30005
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/31/2019 Document number: F19000000577
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

3H Agent Services, Inc.

1415 Panther Lane, Suite 327

P.O. Box NOT acceptable

Naples, FL 34109

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

Darrell Belch, Attorney-in-Fact

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

10/21/2021

Date

If signing on behalf of an entity:

Elizabeth Harker, President, 3H Agent Services, Inc.

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)

FILED
2021 NOV 12 AM 8:09
SECRETARY OF STATE

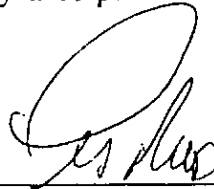
INSURANCE PAYMENT COMPANY
REVOCABLE POWER OF ATTORNEY

Insurance Payment Company (herein referred to as the "Company") gives Gary T. Harker, Esq., and Darrell T. Belch, Esq. of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes and Director and Officer changes that must be filed by the Company with the Secretary of State and/or Department of Insurance of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker and Belch of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a corporate officer of the Company or a resolution of the Company's Board of Directors.

Date:

10/18/2021



Les Ross
Executive Vice President