## F1900003597

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PICK-UP WAIT MAIL				
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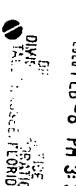
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 441737 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: February 8, 2023 ORDER TIME : 1:42 PM ORDER NO. : 441737-005 CUSTOMER NO: 8211473 CHANGE OF AGENT NAME: MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation org	)502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of <u>KAN</u> ristered agent, or both, in the State of Flori	VSAS
		S' CASUALTY MUTUAL COMPANY	
	office address: 2900 SW WANAMAK		
3. The mailing a	address (if different): 1100 WALNUT S	T., STE 3010 KANSAS CITY, MO 64106	;
4. Date of incorp	poration/qualification: 08/05/2019	Document number: F190000035	597
	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with the	ne
	BEANE, MICHAEL C/O MOORE, IN	NGRAM, JOHNSON & STEELE, LLP	
	10201 CENTURION PARKWAY, S	ΓE <b>40</b> 1	
	JACKSONVILLE	FL 32256	20
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Company  1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	c
<del></del>		et address of the business office of its reg ted by its board of directors or by an office notified in writing of the change.	
authorized by th	e board, or the corporation has been a	·	
Signafur Signafur	e of an officer or director	Shannon Burns, CFO/Treasurer Printed or typed name and title	
I hereby accept I further agree to If my duties, and document is bein corporation has		and agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered age the registered office address, I hereby co	e performance int. Or if this nfirm that the
3A: T VV	nature of Registered Agent	1125123 Date	
f signing on bel	nalf of an entity:		
Grace E. Kirby,	Asst Vice President		
Ту	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 (04/13)