F190000041081

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/18/2023	
Name:	CHRIS	-
Reference	#:2208527	_
Entity Nan	ne:PIIQ RISK	PARTNERS INC.
☐ Arti	cles of Incorporation/Authorization	to Transact Business
Am	endment	
√ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount: \$35.00	



II5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/18/2023	
Name:	CHRIS	
Reference #:	2208527	<u> </u>
		PARTNERS INC.
☐ Articles	s of Incorporation/Authorization	n to Transact Business
Amend	iment	
✓ Chang	e of Agent	
Reinsta	atement	
☐ Conve	rsion	
Merge	•	
Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$35.00	

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Flor ation organized under the laws of the State	of Delaware			
		e or registered agent, or both, in the State PIIQ RISK PARTNERS	v			
1. The name of t	he corporation:	FIIQ KISK PAKTNEKS	INC.			
2. The principal	office address: No Change	· · · · · · · · · · · · · · · · · · ·				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: Septer	mber 26, 2019 Document number:	F19000004681			
	street address of the current retirement of State: (If resigned, en	egistered agent and registered office on fil nter resigned)	e with the			
CORPORATION SERVICE COMPANY						
	1201	HAYS STREET				
TALLAHASSEE, FL 32301						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): COGENCY GLOBAL INC.						
	· -	un St., Suite 4	_			
	· ·	O. Box NOT acceptable	_ `			
	Tallahassee, FL	32301				
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of	of its registered agent.			
Such change wa authorized by th	s authorized by resolution due board, or the corporation ha	ly adopted by its board of directors or by is been notified in writing of the change.	an officer so			
/s/ Marcel Remi Chad		Marcel Remi Chad Au				
I further agree to performance of s agent. Or, if thi	o comply with the provisions my duties, and I am familiar v s document is being filed mer	l agent and agree to act in this capacity, of all statutes relative to the proper and a with and accept the obligation of my posifiely to reflect a change in the registered a notified in writing of this change.	complete tion as registered ffice address, l			
/s/ Timothy Mayville		12/12/2023				
Signature of Registered Agent		Date				
If signing on bel	nalf of an entity:					

Timothy Mayville , Assistant Secretary

Typed or Printed Name

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