

F2000000504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

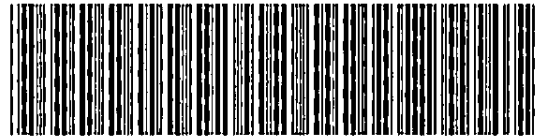
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700400353407

01/25/23--01006--020 \*\*35.00

FILED  
2023 JAN 25 AM 10:45  
FBI - JED

g 3/30/2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southwest Physicians Risk Retention Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F20000000504

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:

Michael Coulter

Name of Contact Person

Southwest Physicians Risk Retention Group, Inc.

Firm/Company

146 Fairchild Street, Suite 135

Address

Charleston, SC 2949

City/State and Zip Code

mike.coulter@aon.com

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

For further information concerning this matter, please call:

Michael Coulter

Name of Contact Person

at ( 843 )

614-3135

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

1. The name of the corporation: Southwest Physicians Risk Retention Group, Inc.
2. The principal office address: 146 Fairchild Street, Suite 135  
Charleston, SC 29492
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/1/2007 01/15/2020 Document number: F20000000504
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)

Resigned

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

Tina Luque

1001 Brickell Bay Drive, Suite 1000

P.O. Box NOT acceptable

Miami, FL 33131

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.

DocuSigned by  
Michael Komoll  
Signature of an officer or director

Michael Komoll - 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.*

DocuSigned by  
Tina Luque  
Signature of Registered Agent

Jan 12, 2023

Date

If signing on behalf of an entity:

Tina Luque

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)