F2200000388

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SECRETARY OF STATE

2022 JUL 19 AM 11: 24

A. BUTLER
JUL 20 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 799699 7922643

-7N ,

AUTHORIZATION

COST LIMIT : 535.00

ORDER DATE : July 12, 2022

ORDER TIME : 9:33 AM

ORDER NO. : 799699-034

CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME: LANDCAR CASUALTY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State of $_$	Jtah	
L. The name of	the corporation: LANDCAR CASUALT	Y COMPANY		
The name of The principal	office address: 9350 S 150 E, Suite 2	20, Sandy, UT 84070		
- · · · ·	<u> </u>			
•	address (if different):			-
4. Date of incorp	poration/qualification: 01/18/2022	Document number: F2200000	0388	-
	d street address of the current registered runent of State: (If resigned, enter resign		ı the	
	C T Corporation System			
	1200 South Pine Island Road		· ~	
	Plantation	FL 33324	022 JU YEGRU TALI	•
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered offic	>:> 0	,
	Corporation Service Company		SES SES	ľ
	1201 Hays Street		PM 1:3	
	P.O. Bo	ox NOT acceptable	m -	
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	t address of the business office of its	registered agent,	
	as authorized by resolution duly adopte ne board, or the corporation has been no			
Xi	e E agree	Jill Cilmi, Vice President		
7	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree to of my duties, and locument is bein corporation has	the appointment as registered agent ar to comply with the provisions of all stat of I am familiar with and accept the ob- ing filed merely to reflect a change in the been notified in writing of this change of Service Campany	nd agree to act in this capacity. tutes relative to the proper and compl ligation of my position as registered a ne registered office address, I hereby t.	lete performance ngent. Or, if this confirm that the	
By:	m	07/19/2022		
	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · ·	
f signing on bel	half of an entity:			
	Asst. Vice President			
1 9	•	00 000 00 4 4 4		
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314