

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

2023 JAN 27 PM 12:37

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Corporate Filing Menu

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

1. The name of the corporation: Lannisport Marine & General Insurance Company, Inc.
2. The principal office address: 7835 East Evans Road, Building 300, Scottsdale AZ 85260
3. The mailing address (if different): 320 East 53rd Street, Suite 100, New York, NY 10022
4. Date of incorporation/qualification: June 7, 2022 Document number: 123000000410
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)

Ralph Barbieri

3570 Consumer St

West Palm Beach, FL 33404

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

Florida Chief Financial Officer

300 E. Gaines St

P.O. Box NOT acceptable

Tallahassee, FL 32399-0000

2023 JAN 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Ralph Barbieri

Signature of an officer or director

Ralph Barbieri 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.*

By:

Signature of Registered Agent

January 25, 2023

Date

If signing on behalf of an entity:

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)