

F24 0000000790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

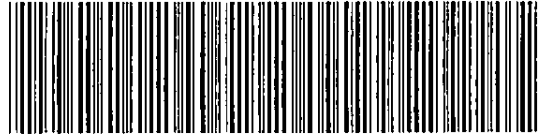
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800435713248

RECEIVED

2024 SEP 13 AM 11:53

CLERK OF THE STATE  
TALLAHASSEE, FL 32301

FILED

2024 SEP 13 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FL

AB



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

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 09/13/2024

Name: Patrice Rush

Reference #: 2493242

Entity Name: LILYPAD INSURANCE MANAGERS INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 

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

1. The name of the corporation: LILYPAD INSURANCE MANAGERS INC.
2. The principal office address: No Change
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 22, 2024 Document number: F24000000790
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)

**3H AGENT SERVICES, INC.**

**2114 NW 40TH TERRACE, SUITE D2**

**GAINESVILLE, FL 32605**

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

**COGENCY GLOBAL INC.**

**115 North Calhoun St., Suite 4**

P.O. Box NOT acceptable

**Tallahassee, FL 32301**

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.

/s/ Alaina Varella

Signature of an officer or director

**Alaina Varella**

**General Counsel**

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.*

/s/ Timothy Mayville

Signature of Registered Agent

9/13/2024

Date

If signing on behalf of an entity:

**Timothy Mayville, Assistant Secretary**

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 (03/12)

FILED  
2024 SEP 13 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FL