F95000003975

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Ви	usiness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 2, 2021

Order#: 610137-328

Re: CRC INSURANCE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35....

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX ___ Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	unge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of Alal	bama	
		gistered agent, or both, in the State of Florid	da.	
1. The name of	the corporation: CRC INSURANCE	SERVICES, INC.		
2. The principal	office address: 1 Metroplex Drive, Su	ite 400, Birmingham, AL 35209-6893		
3. The mailing a	address (if different): 200 West S	econd Street, Winston-Salem,	NC 27101	
4. Date of incor	poration/qualification: 08/16/1995	Document number: F950000039	975 -	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	e	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL 33324		
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street P.O. Box NOT acceptable			
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its reg	istered agent.	
Such change wa authorized by th	as authorized by resolution duly adorne board, or the corporation has been	nted by its board of directors or by an office notified in writing of the change.	er so	
Xi	e E agnie	Jill Cilmi, Vice President	= 1 , ,,j	
SigNatu	re of an officer or director	Printed or typed name and title		
l furthe r ag rée i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s of I am familiar with and accept the cong lied merely to reflect a change in seen notified in writing of this channers.	tatutes relative to the proper and complete obligation of my position as registered age of the registered office address. Thereby co	e performance ent3 Or if this infirm that the	
By: ()	1 M Lei	01/18/2021		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
<u> </u>	Asst. Vice President			
l'i	yped or Printed Name	EDE 635.00 + 4 +		
	" " " FILING	FEE: \$35.00 * * *		

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