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A. RAMSEY

DEC 1 6 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	12000000195
REFERENCE	:	186341 8394762
AUTHORIZATION	:	Synetholeman
COST LIMIT	:	\$ 35.00

- ORDER DATE : December 7, 2022
- ORDER TIME : 1:03 PM
- ORDER NO. : 186341-105
- CUSTOMER NO: 8394762

## CHANGE OF AGENT

NAME: JERRY PARKS EQUINE INSURANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

1. The name of the corporation: JERRY PARKS EQUINE INSURANCE, INC.

2. The principal office address: 1 CALIFORNIA STREET SUITE 400 SAN FRANCISCO, CA 94111

- 3. The mailing address (if different): 3000 EXECUTIVE PKWY, STE 325 SAN RAMON. CA 94583
- 4. Date of incorporation/qualification: 09/29/1986 Document number: J36003
- 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)

	NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324	2022 DEC	
6. The name an (if changed):	nd street address of the new registered ager	nt (if changed) and /or registered offi	ice	F
	Corporation Service Company		<b>HH</b> 10:	0
	1201 Hays Street		D: 0	
	P.O. Boy	تــ		
	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.

Jill Cilmi 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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

Signature of Registered Agent By:

12/13/2022

Date

Vice President

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)