M13000002974

| (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: | |
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Office Use Only



200384759092



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Alexxis Weiland

Phone: 850-558-1500

| | ACCOUNT NO. | : | 12000000 | 195 | | | |
|----------------|--------------------------------|-----|------------|---------|-----------|--|--|
| | REFERENCE | : | 569456 | 8373419 | | | |
| | AUTHORIZATION | : | V. | Coo | | | |
| | COST LIMIT | : | \$ 125.00 | dena | | | |
| | | | | · | - | | |
| ORDER DATE : | March 24, 2022 | | | | | | |
| ORDER TIME : | 8:26 AM | | | | | | |
| ORDER NO. : | 569456-197 | | | | | | |
| CUSTOMER NO: | 8373419 | | | | | | |
| | | | - | | | | |
| | CHANGE OF A | GEN | <u>r</u> | | | | |
| | | | | | | | |
| | | | | | | | |
| NAME: | SAFE HARBOR F INSURANCE, LL | | UTION | | | | |
| | INSURANCE, EL | ıC | | | | | |
| | | | | | | | |
| PLEASE RETUR | N THE FOLLOWING AS | PRO | OOF OF FIL | ING: | | | |
| CERTIFIED COPY | | | | | | | |
| | N STAMPED COPY | | | | | | |
| | | | | | | | |

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| i Nam | ne of the limited liability company:SAFE HARBO | R POLLUT | ION INSU | RANCE, LLC |
|--|---|---|--|--|
| | 66 Whitecap Drive | (b) | | |
| . (u) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (-) | 1 | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | North Kingstown, RI 02852 | <u> </u> | | |
| | 05/09/2013 | 1 | M1300000 | 2974 |
| - 3. | Date of filing/registration in Florida | 4. | | Document number |
| | Incorp Services, Inc. | | | |
| 5. (a) <u> </u> | Registered Agent and Registered Office shown on the records of | f the Florida D | Dept. of State | - 2021 |
| | 17888 67th Court North | | | 2002 AP2 |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | - = 5 |
| | | | | <u></u> - |
| • | | 33470 | | - |
| | Loxahatchee , F | L | | <u>.</u> |
| | | | | |
| (p) - | Enter name of NEW Registered Agent and/or NEW Registere | d Office adds | | - |
| 1 | anter name of NEW Registered Agent and/or NEW Registered | u Office Rout | <u>. 633</u> . | |
| | Corporation Service Company | | | |
| | NEW Registered Office Address: | | | - |
| | 1201 Hays Street | | | |
| | | | | - |
| | Tallahassee | 32301 | | |
| , | Tallanassee , Fi | L | | - |
| hange on wind wind with the contract of the co | nited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li e authorized by an affirmative vote of the members les of organization or the operating agreement of the | e registered iability com of the limit | office and pany, it is ed liability | I the business office of the registered the hereby confirmed that the change(s) company or as otherwise provided in |
| /s/ Jill (| Cilmi | Jill C | ilmi, Autho | orized Person |
| Signatu | re of a member or authorized representative of a member | | | Printed or typed name of signee |
| l hereby provision he oblig o merel | y accept the appointment as registered agent and ag ns of all statutes relative to the proper and complete gations of my position as registered agent as provide y reflect a change in the registered office address, I | ree to act in performanted for in Ch hereby con | n this cape ace of my c apter 605 firm that i | ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been |
| iotified / | in writing of this dripings. | orporation | 1 Service | Company |
| Signature | of Registered Agent | Ami M. Ca | sper, Ass | t. Vice President |