

N20000013490

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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**REGISTERED AGENT CHANGE  
FLORIDA SURPLUS LINES SERVICE OFFICE, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

SEP 20 2021

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

1. The name of the corporation: FLORIDA SURPLUS LINES SERVICE OFFICE, INC.  
 2. The principal office address: 1441 MACLAY COMMERCE DR STE 200 TALLAHASSEE, FL 32312

3. The mailing address (if different): \_\_\_\_\_  
 4. Date of incorporation/qualification: 11/17/2020 Document number: N20000013490  
 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)

PULLEN, GARY D1441 MACLAY COMMERCE DR STE 200TALLAHASSEE, FL 32312

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

Capitol Corporate Services, Inc.515 East Park Avenue 2nd FlP.O. Box NOT acceptableTallahassee, 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.

  
 Signature of an officer or director

Gary D. Pullen, Executive Director  
 Printer of typewritten 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.

  
 Signature of Registered Agent

9/17/2021Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.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  
 CR2B043 (04/13)

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