(Requestor's Name) (Address) (Address)	300331969543		
(City/State/Zip/Phone #)	07/18/1301027007 ** 35.00		
ertified Copies Certificates of Status Special Instructions to Filing Officer:	JUL 18 AM 9: 20 AAASSEE TLAND		

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: SURETY MANAGEMENT, INC.

- The principal office address: 13500 NW 97TH AVE HIALEAH GARDENS, FL 33018
- The mailing address (if different): 11870 HIALEAH GARDENS BLVD. UNIT 129B, #302 HIALEAH GARDENS, FL 33018
- 4. Date of incorporation/qualification: 01/29/2001 P01000010993 Document number:
- 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)

	FAIBISCH, RUSSELL M			- ·	•	
	13500 NW 97TH AVE					č.
	HIALEAH GARDENS	FL	33018	-		, -
The name and (if changed):	I street address of the new registered agen	at (if changed) an	d /or registered o	ffice	AM	
	Corporation Service Company				2 2	
	1201 Havs Street			SF	ι <i>Ο</i>	

P.O. Box NOT acceptable

Tallahassee

6. The

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.

Russell Faibisch President Printed or typed name and title

Date

FL 32301

06/27/2019

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. Corporation Service Company

÷ KNO. B Signature of Registered Agent

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 (03/12)