

9/3/21, 4:48 PM

Division of Corporations

P01364

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

SEP 14 2021  
A. LUET

Please keep file date 9-03-2021

Per Diane Cushing  
this can be filed.

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Corporate Filing Menu

Help

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

1. The name of the corporation: AMERICAN MEMORIAL LIFE INSURANCE COMPANY
2. The principal office address: 440 MT. RUSHMORE ROAD RAPID CITY, SD 57709
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/27/1984 Document number: P01364
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)

CHIEF FINANCIAL OFFICER

200 E. GAINES STREET

TALLAHASSEE, FL 32399-0000

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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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.

Lisa DuBois

Signature of an officer or director

Lisa DuBois, Assistant Secretary

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, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By:

Kimberly Bagget

Signature of Registered Agent

8/31/2021

Date

If signing on behalf of an entity:

Kimberly Bagget

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)