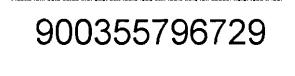
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(Re	equestor's Name)				
(Ar	ldress)				
(r.c.	2010337				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Ві	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
i.					
	Office Use On	Iv			



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Y SULKER

FE3 1 5 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: January 4, 2021

Order#: 589372/004

Re: CASEY INSURANCE GROUP, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, t nge is submitted for a corporation r to change its registered office on	n organized under the law	ws of the Sta	ue of FL				
1. The name of t	he corporation: CASEY INSURA	NCE GROUP, INC.						
2. The principal	office address: 8320 W. Sunrise	Blvd., #114 PLANTATIC	N, FL 3332	22				
3. The mailing a	ddress (if different): 151 N. Nob	Hill Road, #269, Plantati	on, FL 333	324				
	poration/qualification: 10/17/200		number: P	060001319	33	-,-		
	street address of the current regi- tment of State: (If resigned, enter		ed office on	file with the	e			
	HEER, CASEY L							
	151 N Nob Hill Rd #269							
	Plantation, FL 33324							
6. The name and (if changed):	I street address of the new register	red agent (if changed) an	d /or registe	red office	2021 JAH -			
	Corporation Service Company		<u>. </u>		<u> </u>			
	1201 Hays Street				9-			
		P.O. Box NOT acceptable			PH	9 2 8		
	Tallahassee	FL	32301	<u> </u>		الرسيان		
The street address changed will	ess of its registered office and the be identical.	e street address of the bu	siness offic	c of its reg	is tor d	agent,		
Such change wa authorized by th	s authorized by resolution duly the board, or the corporation has b	adopted by its board of open notified in writing o	directors or of the chang	by an offic ge.	er so			
Christopher L. Heer Signature of an officer or director		Christopher He	Christopher Heer, Vice President					
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this a Service Company	gent and agree to act in all statutes relative to th the obligation of my pos ge in the registered offic	this capaci this capaci te proper an ition as reg e address,	tv	e perfo ent. Oi nfirm t	rmance r, if this hat the		
By: Drace 2-Kubl 01/04/202								
_	nature of Registered Agent half of an entity:		Date					
	Assistant Vice President	-						

* * * FILING FEE: \$35.00 * * *