

P07000061380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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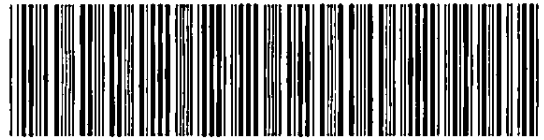
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olympus Insurance Company
Name of Corporation

DOCUMENT NUMBER: P07000061380

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kimberly Law
Name of Contact Person
Olympus Insurance Company
Firm/Company
8375 Dix Ellis Trail, Suite 300
Address
Jacksonville, Florida 32256
City/State and Zip Code
klaw@oigfl.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kimberly Law at (904) 539-9281
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Olympus Insurance Company
- 2. The principal office address: 8375 Dix Ellis Trail, Suite 300, Jacksonville Florida 32256
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: May 22, 2007 Document number: P07000061380
- 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)

Corporation Service Company
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Florida Chief Financial Officer (pursuant to Fla. Stat. 624.422)
Florida State Capital
Tallahassee, Florida
- P.O. Box NOT acceptable

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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.

Kimberly Law Kimberly Law
Signature of an officer or director 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.

N/A per 624.422 10-1-2024
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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