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Division of Corporations
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REGISTERED AGENT CHANGE BOLD LEGAL DEFENSE INSURANCE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BOLD LEGAL DEFENSE INSURANCE, INC. Name of Corporation
DOCUMENT NUMBER: P12000004793
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:
Patricia Reyes
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code
managedreports@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Reyes on behalf of InCorp Services, Inc. at 800-246-2677
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

H21000043227 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	ized under the laws of the State (of FL	
1. The name of	the corporation: BOLD LEGAL DEFEN	SE INSURANCE, INC.		
	office address: 200 SOUTH ANDREW			
	Fort Lauderdale, FL 33			
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 01/13/2012 Document number: P1200000479			P12000004793	
	d street address of the current registered agreement of State: (If resigned, enter resigned		with the	
	LUBELL, STEVEN L			
200 South Andrews Ave 902				
	Fort Lauderdale, FL 33301		— () } ≥	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): InCorp Services, Inc.			office: FB -2	
			— , о , <u>, , , , , , , , , , , , , , , , </u>	
	17888 67th Court North	NOT acceptable	₩ 	
	Loxahatchee, FL 33470		- 37 8 	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of	of its registered agent,	
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by lified in writing of the change.	an officer so	
V //		Mark Rosen, Secretary		
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in this seen notified in writing of this change.	Printed or typed name as I agree to act in this capacity, ites relative to the proper and c gation of my position as registe registered office address, I he	complete performance	
	Magazina S grature of Registered Agent	January 29, 2	2021	
<u>(31</u>	anature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Isabel Burgos or	behalf of InCorp Services, Inc.			
1	yped 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)