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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone : (800)345-4647

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Ema:	4 7	Address	
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REGISTERED AGENT CHANGE IMPERIUM INSURANCE COMPANY

Certificate of Status	0
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Estimated Charge	\$35.00

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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 State statement of change is submitted for a corporation organized under the laws of the State of \overline{TE}		
in order to change its registered office or registered agent, or both, in the State of Flor		
. The name of the corporation: IMPERIUM INSURANCE COMPANY		
2. The principal office address: 800 Gessner Road Suite 600, Houston, TX 77024		
3. The mailing address (if different):		
Document number: P12593		
 The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned) 	₹	2024 HAY 22
CORPORATION SERVICE COMPANY - Yvette Cleveland	2	HA
1201 HAYS STREET		[22
TALLAHASSEE, FL 32301	TALL AHASS	H
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed);	٠,,	12-5
Capitol Corporate Services, Inc.		
515 East Park Avenue 2nd Fl		
P.O. Box NOT acceptable		
Tallahassee, FL 32301		
The street address of its registered office and the street address of the business office of its re is changed will be identical.	gistered (agent,
such change was authorized by resolution duly adopted by its board of directors or by an officuthorized by the board, or the corporation has been notified in writing of the change.	ic er so	
Leslie Shaunty, Secretary		
Signature of an officer or director Printed or typed name and bile	-	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as registered as ocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te perfort zent. Or, onfirm th	mance if this at the
Bin Parlati 05/21/2024		
Signature of Registered Agent Date		
f signing on behalf of an entity:		
Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.		
···		
* * * 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)