Department of State-

Division of Corporations Electronic Filing Cover Sheet

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(((H19000001760 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name Account Number : 105256001620

: BUSINESS FILINGS

: (608)827-5300

Fax Number

: (608)827-5501

Email Address:

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

REGISTERED AGENT CHANGE SAFEBUILT INSURANCE SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

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CR2E045 (03/12)

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Fax Audit # H1900001740 3 statement of change of registered office or registered agent or both for corporations

| | | r registered agent, or both, in the State of Florida. | |
|--|--|--|-----|
| | of the corporation: Safebuilt Insurance al office address: 3250 Grey Hawk C | | |
| 2. 1 ne princip | at office address: 5250 Gray 1242 G | Sur, Caristan, Caristana 92010 | |
| 3. The mailing | g address (if different): | | |
| 4. Date of inco | exporation/qualification: 3/23/2017 | Document number: P17000027170 | |
| 5. The name a Florida Dep | nd street address of the current regis artment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | |
| | NRAI SERVICES, INC. | | |
| | 1200 SOUTH PINE ISLAND RD. | | |
| | PLANTATION, FL 33324 | | |
| 6. The name as (if changed) | | red agent (if changed) and /or registered office | - |
| | Business Filings Incorporated | <u>.</u> | Ą. |
| | 1200 South Pine Island Road | dox NOT acceptable | 8 |
| | P.O. E | Box NOT acceptable | , 1 |
| | Plantation, Florida 33324 | | 2 |
| The street add | ress of its registered office and the | street address of the business office of its registered agent. | Л |
| Such change was authorized by | vas authorized by resolution duly at the board, of the corporation has be | dopted by its board of directors or by an officer so cen notified in writing of the change. | |
| This | th | David Pike, President | |
| -6-7 | ture of an officer of director | Printed or typed name and title | |
| I hereby accep I further agree performance o agent. Or, if it hereby confirm | nt the appointment as registered age to comply with the provisions of a if my dulies, and I am familiar with his document is being filed merely in that the corporation has been not | ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change. | |
| Hall_ | gnature of Registered Agent | 10th day of December, 2018 | |
| Š. | gnature of Registered Agent | Date | |
| If signing on b | ehalf of an entity: | | |
| Mark Williams, | AVP | | |
| | Typed or Printed Name | | |
| | * * * FILIN | G FEE: \$35.00 * * * | |
| N | MAKE CHECKS PAYABLE TO SAIL TO: DIVISION OF CORPORATION | O FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 32314 | |

Fax Audit H190000017403