**Division of Corporations** 





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(((H25000035793 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

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

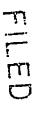
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## REGISTERED AGENT CHANGE FOUR INSURANCE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of chai	nge is submitted for a corporat	i, 617,0302, 607,1308, or 617,1308, Florida S tion organized under the laws of the State of <u>F</u> t or registered agent, or both, in the State of F	lorida	'is	-
1. The name of the	ne corporation; FOUR INSURA	NCE INC			
2. The principal					_
3. The mailing ac	ddress (if different):				<del></del>
4. Date of incorp	oration/qualification: 09/11/18	Document number: P1800007	6973		
	street address of the current re ment of State: (If resigned, ent	egistered agent and registered office on file witter resigned)	th the		
	GLOBAL ADMINISTRTIVE SER	RVICES LLC			
	4623 NW 84th Ave				
	DORAL, FL 33166		<i>y</i> .	2(	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered off	12 C	2025 JAN 30	
	Northwest Registered Agent LLC	C	7.50	0	
	7901 4th St N STE 300		Y OF S	THE C	Ţ
	C. Barankara Et 20700	P.O. Box. NOT acceptable		ካክ ፡ካ	
	St. Petersburg FL 33702		FF3		
The street address changed will	ss of its registered office and be identical.	the street address of the business office of its	registere	d agen	it,
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	ly adopted by its board of directors or by an os been notified in writing of the change.	officer so		
Julles	of an other Mairector	Guillermo Reddig, Manager Printed or typed name and little	ië		-
I further avree to	o comply with the provisions (	agent and agree to act in this capacity, of all statutes relative to the proper and compt the obligation of my position as registered inge in the registered office address. I hereby's change.	plete parf l'agent. C v confirm	orman Fr. if th that th	ce us le
1-4	ature of Registered Agent	01/29/2025			
Sign	atule of Registered Agent	Date			-
If signing on bel	nalf of an entity:				
Taylor Newman	ned or Brintad Name				