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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

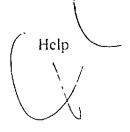
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REGISTERED AGENT CHANGE CROSS INSURANCE -- FLORIDA, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized i		\$
	er to change its registered office or registered o	agent, or both, in the State of Florida.	
1. The name of	the corporation: Cross Insurance - Florida, Inc.		
	office address: 491 Main Street, Bangor, ME 04	401	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 07/08/2024	Document number: P24000045557	
5. The name and Florida Depar	d street address of the current régistered agent a trinent of State: (If resigned, enter resigned)	and registered office on file with the	
	ACME Agent Florida LLC		
	9132 Strada Place, Third Floor		30 JUL 30
	Naples, FL 34108		
6. The name and (if changed):	d street address of the new registered agent (if o	changed) and /or registered office	30 AH
	C T Corporation System		<u>۾</u>
	1200 South Pine Island Road	127	10
	P.O. Box NOT	icceptable	
	Plantation, Florida 33324	· · · · · · · · · · · · · · · · · · ·	
The street addre as changed will	ess of its registered office and the street addre be identical.	ss of the business office of its registered	agent,
Such change wa authorized by th	is authorized by resolution duly adopted by it is board, or the corporation has been notified	s board of directors or by an officer so in writing of the change.	
		vcc M Cross, Treasurer	
	त्व हो वर्त शिवित्वी में विविधित	Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is heir corporation has C T Corporation	the appointment as registered agent and agre to comply with the provisions of all statutes re d I am familiar with and accept the obligation no filed merely to reflect a change in the regi been notified in writing of this change. System	a	rmance , if this hat the
- , cimi	teplon tullio	7-30-202.Y	
estern R	wills, Vice Hess Let T half of an entity:	Date	
ту	ped or Printed Name		

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

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Ву: