## P33467

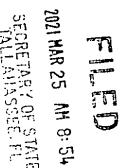
| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
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| DA)                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | -           |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
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Office Use Only



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03/25/21--01025--005 \*\*35.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: March 23, 2021

Order#: 539328-370

Re: SOUTHERN INSURANCE UNDERWRITERS, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha  | nge is submitte   | ctions 607.0502, 617.02<br>d for a corporation orge<br>vegistered office or regi   | anized under the la  | ws of the State of .              | Georgia  | his<br>——                     | _                 |
|---|---|--|--|-----------------------------------|--|-------------------------------|-------------------|
| 1. The name of t  | he cornoration:   | SOUTHERN INSURA  | NCE UNDERWRIT  | TERS, INC.                        |  |                               |                   |
| 2. The principal  | office address:   | 4500 MANSELL ROAL  | D, ALPHARETTA,   | GA 30022                          |  |                               | _                 |
| 3. The mailing a  | ddress (if differ   | ent): PO BOX 105609,   | , ATLANTA, GA 30   | 1348                              |  |                               | <u> </u>          |
|   |   | eation: 04/08/1991   |  |                                   |  |                               |                   |
| 5. The name and   | street address  | of the current registered<br>(If resigned, enter resign  | agent and registere  |                                   |  |                               |                   |
|   | натсн, јон  | N D, ESQ.  |  |                                   | _  |                               |                   |
|   | 1267 BERKS  | 267 BERKSHIRE LANE SUITE 200   |  |                                   |  |                               |                   |
|   | TARPON SP   | RINGS  | FL   | 34688                             |  | 2                             |                   |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered offi |  |  |                                   |  | 2021 HAR 23                   | H                 |
|   | Corporation S   | ervice Company   |  |                                   | - 33<br>- 33<br>- 33<br>- 33<br>- 33<br>- 33<br>- 33<br>- 33 |                               | ्री<br>- हन्द्रा  |
|   | 1201 Hays St  |  |  | <u></u>                           | - 光光<br>- 225  | AM S                          |                   |
|   | P O Box NOT acceptable  |  |  |                                   | 8: 54  |                               |                   |
|   | Tallahassee   |  | FL_  |                                   | - ניז  |                               |                   |
| The street addre as changed will  | ss of its registe<br>be identical.  | red office and the stree   | et address of the bu   | isiness office of it              | s register   | ed age                        | nt,               |
| Such change wa<br>authorized by th  | s authorized by<br>e board, or the  | resolution duly adopticorporation has been r   | ed by its board of one of the control of the contro | directors or by an of the change. | officer so   | )                             |                   |
| X'  | e 2 a   | Oni  | Jill Cilmi, Vice F   | President                         |  |                               |                   |
| Signatur  | e of an officer or dir  | ector  | Print  | ed or typed name and ti           | tle  |                               | _                 |
| I further agree t<br>of my duties, and<br>document is beit<br>corporation has | o comply with<br>d I am familiar<br>ng filed merely                             | nt as registered agent a<br>the provisions of all sto<br>with and accept the of<br>to reflect a change in t<br>in writing of this chang<br>mpany | atutes relative to th<br>bligation of my pos<br>the registered offic   | ie proper and con                 | uplete per<br>d agent.<br>by confirm                         | forma<br>Or, if t<br>u that t | nce<br>his<br>the |
| By: Ilnaco CKubio   |   | 03/23/2021   |  |                                   |  |                               |                   |
| Sigr  | nature of Registered  | Agent  |  | Date                              |  |                               |                   |
| If signing on bel   | half of an entity   | y:   |  |                                   |  |                               |                   |
| Grace E. Kirby, <i>I</i>  | Asst. Vice Pres   | ident  |  |                                   |  |                               |                   |
| Ty  | ped or Printed Nam-   | <u></u>  |  |                                   |  |                               |                   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)