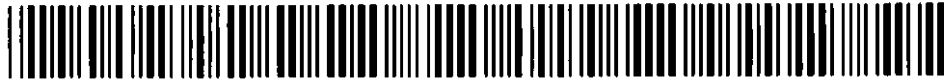


PA7000071536  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FL

2021 OCT -6 PM 1:22

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**REGISTERED AGENT CHANGE  
 AMERICAN STRATEGIC INSURANCE CORP.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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OCT 08 2021

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

1. The name of the corporation is: AMERICAN STRATEGIC INSURANCE CORP.
2. The principal office address: 1 ASI WAY  
ST PETERSBURG FL 33702
3. The mailing address (if different): 1 ASI WAY  
ST PETERSBURG FL 33702
4. Date of incorporation/qualification: 8/18/1997 Document Number: P97000071536
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE CREATIONS NETWORK INC.

801 US HIGHWAY 1

NORTH PALM BEACH FL 33408

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Chief Financial Officer

200 East Gaines Street

(P.O. Box Not acceptable)

Tallahassee FL 32399

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ashley

(Signature of an officer or director)

By: Ashley Goldsmith, Attorney-in-Fact  
(Printed or Typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

Corporate Creations International  
801 US Highway 1  
North Palm Beach FL 33408  
(561) 694-8107