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| (Requestor's Name) | | | | | |
|-----------------------------------------|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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C. GOLDEN SEP 2 7 2017



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: September 25, 2017

Order#: 831163/081

Re: REPUBLIC RISK MANAGEMENT SERVICES, 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 Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 61 ange is submitted for a corporation ir to change its registered office or | organized under the la | rws of the State | of FLORIDA |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|
| 1. The name of t | the corporation: REPUBLIC RISK I | MANAGEMENT SERV | ICES, INC. | |
| 2. The principal | office address: 200 SW 1ST AVE. | 14TH FLOOR FORT | LAUDERDALE | , FL 33301 |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incoη | poration/qualification: 09/22/1997 | Document | number: P970 | 00082005 |
| | I street address of the current regist then the street address of the current of State: (If resigned, enter re | | ed office on file | with the |
| | BETHEL, ALISON E | | | |
| | 200 SW 1ST AVENUE 14TH FLC | OOR | | |
| | FORT LAUDERDALE | FL | 33301 | 70 Z21 |
| 6. The name and (if changed): | i street address of the new registere | d agent (if changed) ar | nd /or registered | . 0 |
| | Corporation Service Company | · · · · · · · · · · · · · · · · · · · | | ्षा 🚉 📆 |
| | 1201 Hays Street | | | _ <u>_</u> |
| | P.O. Bo Tallahassee | ox NOT acceptable | 32301 | 36 |
| The street addre | ess of its registered office and the s be identical. | street address of the bu | isiness office o | — f its registered agent, |
| Such change wa authorized by th | as authorized by resolution duly ad ne board, or the corporation has be | lopted by its board of cen notified in writing | directors or by a of the change. | an officer so |
| | | C. COLEMAN | EDMUNDS | SECRETARY |
| I hereby accept I further agree to performance of agent. Or, if this hereby confirm | the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notin Service Company | nt and agree to act in I statutes relative to th and accept the obligat o reflect a change in t | he proper and c tion of my posit he registered o | complete ion as registered |
| By: L) | nature of Registered Agent | | 09/19/2017 Date | |
| | half of an entity: | | | |
| GRACE E. KIRI | BY, ASST. VICE PRESIDENT | | | |
| Ty | yped or Printed Name | | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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