## Florida Department of State

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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 t	che	email a	address	for	this	busin	ess	entity	to	be	used	for	fut	ture
ann	ual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**	-: -;

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

## REGISTERED AGENT CHANGE ASI UNDERWRITERS CORP.

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

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Corporate Filing Menu

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OCT 08 2021

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

1. The name of	the corporation is: ASI Underw	riters Corp.	
2. The principal	office address: 1 ASI WAY		
ST PETERS	BURG FL 33702		
3. The mailing a	address (if different): 1 ASI WA	AY	
ST PETERS	BURG FL 33702		· · · · · · · · · · · · · · · · · · ·
4. Date of incor	poration/qualification:10/	/1/1999 Document Number:	P99000086873
5. The name and		egistered agent and registered office on	file with the
	CORPORATE CREATIONS NETV 801 US HIGHWAY 1	VORK INC.	
6. The name and (if changed):	NORTH PALM BEACH FL 3340 I street address of the new regis	8 stered agent (if changed) and /or registe	ered office
(11 c)gc-0/.	Chief Financial Officer		<del></del>
	200 East Gaines Street		
	Tallahassee FL 32399	ot acceptable)	
The street addragent, as change	ess of its registered office and ed will be identical.	the street address of the business off	ice of its registered
Such change wauthorized by the	as authorized by resolution du ne board, or the corporation has	aly adopted by its board of directors been notified in writing of the change.	or by an officer sc
	(Luny))	Ashley Goldsmith, Attorn	
•	ture of an officer or director)	(Printed or Typed name	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provision my duties, and I am familiar with document is being filed mere that the corporation has been n	agent and agree to act in this capacity.  ns of all statutes relative to the propit it is and accept the obligation of my positive to reflect a change in the registere notified in writing of this change.	per and complete sition as resustered
(Signa	ture of Registered Agent)	(Date)	
If signing on be	half of an entity:		
(Тур	ed or Printed Name)	-	1: 22
i		BLE TO FLORIDA DEPARTMENT OF STA RATIONS, P.O. BOX 6327, TALLAHASSI	
801 US Highw	each FL 33408		