P99000101150

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Eliki, rains)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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6/4/21



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 29, 2021

Order#: 779328/045

Re: ATLASS SPECIAL RISKS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35__.

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:Erika Zavala Daza 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 char	provisions of sections 607,0502, 6 age is submitted for a corporation to change its registered office or	organized under the lav	vs of the State of <u>F</u>	L	
L. The name of t	he corporation: ATLASS SPECIA	L RISKS, INC.	•		
	office address: 1300 South East 1		erdale, FL 33316		
3. The mailing a	ddress (if different): 160 Federal 9	Street 4th Floor, Boston	, MA 02110		
	oration/qualification: 11/18/1999			01150	
	street address of the current regis tment of State: (If resigned, enter		d office on file with		
	3H AGENT SERVICES, INC.			2021 SEC	
	1415 PANTHER LANE SUITE 3	IE SUITE 327			
	NAPLES, FL 34109			-3 A RY 0 ANSS	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi			min 🝱	
	Corporation Service Company				
	1201 Hays Street				
	P.O Box NOT acceptable				
	Tallahassee	FL_	32301		
	ss of its registered office and the be identical.				
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of d een notified in writing o	lirectors or by an o of the change.	fficer so	
	Xie E. Cienie	Jill Cilmi, Vice P	President		
Signatu(e of un officer or director	Printe	ed or typed name and title		
I further agree to of my duties, and document is beir corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co n Service Company	dl statutes relative to th he obligation of my pos e in the registered office	e proper and com	olete performance agent. Or, if this Confirm that the	
By: Waser 2- Kubly 04/28/2021					
Sign	ature of Registered Agent		Date	_	
If signing on bel	nalf of an entity:				
	Asst. Vice President				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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