

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43055

Entity Name: RELATION INSURANCE SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**700 CENTRAL PARKWAY
STUART, FL 34994**Current Mailing Address:**1277 TREAT BLVD. SUITE 400
WALNUT CREEK, CA 94597 US**FEI Number:** 59-2989676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.
1415 PANTHER LN STE 327
NAPLES, FL 34109 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :****Title** CEO, EVP, TREASURER, DIRECTOR
AND ASSISTANT SECRETARY**Name** TATUM, JOSEPH L JR.**Address** 1277 TREAT BLVD., STE. 400**City-State-Zip:** WALNUT CREEK CA 94597**Title** PRESIDENT, CFO, COO AND
SECRETARY**Name** PAGE, EDWARD NATHAN**Address** 1277 TREAT BLVD., STE. 400**City-State-Zip:** WALNUT CREEK CA 94597**Title** VP**Name** STEPHEN, MARTIN D.**Address** 1277 TREAT BLVD. SUITE 400**City-State-Zip:** WALNUT CREEK CA 94597**Title** VP**Name** VARNI, KERI A.**Address** 1277 TREAT BLVD. SUITE 400**City-State-Zip:** WALNUT CREEK CA 94597

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD NATHAN PAGE**PRESIDENT****04/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date