Current Principal Place of Business:				000373312900	
818 BELVEDEF	-				
WEST PALM B	EACH, FL 33405				
Current Mai	ling Address:				
528 NW 7TH	IAVE				
MIAMI, FL 🕄	33136 US				
FEI Number: 46-5408605			Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:				
CARRERA & AI 221 SW 42ND A 3RD FLOOR CORAL GABLE					
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.					
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	orida.	
	l entity submits this statement for the purpose of changing its regis CARRERA, JUAN M	stered office or regis	tered agent, or both, in the State of Fl	orida. 04/20/2021	
		stered office or regis	tered agent, or both, in the State of Fl		
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	04/20/2021	
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	04/20/2021	
SIGNATURE	CARRERA, JUAN M Electronic Signature of Registered Agent			04/20/2021	
SIGNATURE Officer/Direc Title	CARRERA, JUAN M Electronic Signature of Registered Agent	Title	VP	04/20/2021	
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : P HERRERA, IVAN A 528 NW 7TH AVE	Title Name	VP CASTRO, LUIS 528 NW 7TH AVE	04/20/2021	
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P HERRERA, IVAN A 528 NW 7TH AVE	Title Name Address	VP CASTRO, LUIS 528 NW 7TH AVE	04/20/2021	
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P HERRERA, IVAN A 528 NW 7TH AVE	Title Name Address	VP CASTRO, LUIS 528 NW 7TH AVE	04/20/2021	

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.

Ρ

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Entity Name: MIL INSURANCE SOLUTIONS CORP

FILED Apr 20, 2021 Secretary of State 0005755129CC

Date