PO BOX 1	5159			
FT PIERC	E, FL 34979 US			
FEI Numb	er: 47-1619140		Certificate of Status Desired: No	
Name and	Address of Current Registered A	gent:		
BUCKLAND, 5016 SUNSE FORT PIERC				
The above nan	ned entity submits this statement for the purpose o	f changing its registered office or re	gistered agent, or both, in the State	of Florida.
SIGNATU	RE: SUSAN BUCKLAND	SUSAN BUCKLAND		01/22/2024
	Electronic Signature of Registered Age	ent		Date
Officer/Di	rector Detail :			
Title	Р	Title	VP	
Name	BUCKLAND, KEITH	Name	BUCKLAND, SUSAN	
Address	PO BOX 15159	Address	PO BOX 15159	

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.

VP

SIGNATURE: SUSAN J BUCKLAND

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000069031

Entity Name: BUCKLAND INSURANCE GROUP INC

Current Principal Place of Business:

5016 SUNSET BLVD FT PIERCE, FL 34982

Current Mailing Address:

F

N

S 24 0 Ti Ν Address PO BOX 15159 PO BOX 15159 Address City-State-Zip: FORT PIERCE FL 34979 City-State-Zip: FORT PIERCE FL 34979

01/22/2024

FILED Jan 22, 2024 **Secretary of State** 1095348632CC

Date