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 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 above, or on an attachment with all other like empowered.			
SIGNATURE: BRET FAIR	PRESIDENT/SECRETARY	03/22/2024	

Electronic Signature of Signing Officer/Director Detail

FEI Number: 46-0982602

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

#### SIGNATURE:

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.

Electronic Signature of Registered Agent

Officer/Director Detail :							
	Title	PRESIDENT, SECRETARY	Title	VP, TREASURER			
	Name	FAIR, BRET	Name	HUGHES, RYAN			
	Address	1101 FULTON AVE SUITE 204	Address	1101 FULTON AVE SUITE 204			
	City-State-Zip:	SACRAMENTO CA 95825	City-State-Zip:	SACRAMENTO CA 95825			

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# F16000005063

Entity Name: 360 RISK PARTNERS INSURANCE SOLUTIONS, INC.

## **Current Principal Place of Business:**

1101 FULTON AVE SUITE 204 SACRAMENTO, CA 95825

# **Current Mailing Address:**

1101 FULTON AVE SUITE 204 SACRAMENTO, CA 95825 US

Date

City-State-Zip: SACRAMENTO CA 95825

FILED Mar 22, 2024 Secretary of State 3063567475CC

Certificate of Status Desired: No

Date