

F1000002034

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2023 OCT 18 AM 9:10

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2023 OCT 18 AM 12:19

REGISTERED AGENT CHANGE
CLEAR SPRING LIFE AND ANNUITY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLEAR SPRING LIFE AND ANNUITY COMPANY

2. The principal office address: 10555 Group 1001 Way
Zionsville, IN 46077

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/29/2010 Document number: F10000002034

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CHIEF FINANCIAL OFFICER
BOX 6200 32314-6200
200 E. GAINES ST TALLAHASSEE, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kara Korosec KARA KOROSEC, MANAGER
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Michele Holden 10/10/2023
Signature of Registered Agent Date

If signing on behalf of an entity:
MICHELE HOLDEN, ASST SECRETARY
Typed or Printed Name

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

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