

To:

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2023-01-31 14:05:50 PST

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From: Kaity Toon

1/31/23, 5:04 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)573-3995

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

Email Address: _____

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 FEB - 1 AM 8:12

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$43.75 |

FEB - 1 2023

Electronic Filing Menu Corporate Filing Menu

Help

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F23000000410

(Document number of corporation (if known))

1. Lannispot Marine & General Insurance Company, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Arizona

(Incorporated under laws of)

3. January 23, 2023

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Florida Chief Financial Officer

200 E. Gaines St

(Florida street address)

New Registered Office Address Tallahassee, Florida 32399

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title</u> | <u>Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |

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 STATE DEPARTMENT OF STATE
 TALLAHASSEE, FLOR

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated

Ralph Barbieri

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ralph Barbieri

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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