

F23 000004214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

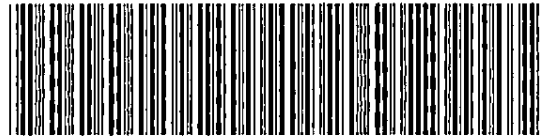
(Business Entity Name)

(Document Number)

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2023 DEC 19 PM 1:45

STATE  
TALLAHASSEE, FL

ALB

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Resilience Insurance Advisory Corp.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F23000004214

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noel Josephs

\_\_\_\_\_  
Name of Contact Person

F23000004214

\_\_\_\_\_  
Firm/Company

118-35 Queens Blvd Ste 400

\_\_\_\_\_  
Address

Forest Hills, NY 11375

\_\_\_\_\_  
City/State and Zip Code

njsoeph@sresil-ins.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noel Josephs

at ( 718 ) 715-8956

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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)**

F23000004214

(Document number of corporation (if known))

**FILED**  
2023 DEC 19 PM 1:45  
STATE  
FL

1. Resilience Insurance Advisory Corp.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 06/26/2023  
(Incorporated under laws of) (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? No change to the company name.
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 street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

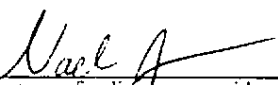
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	Emily Rasmussen	118-35 Queens Blvd Ste 400	<input type="checkbox"/> Add
		Forest Hills, NY 11375	<input type="checkbox"/> Remove
DT	Noel Josephs	118-35 Queens Blvd Ste 400	<input checked="" type="checkbox"/> Add
		Forest Hills, NY 11375	<input type="checkbox"/> Remove
DST	Lindsey Goldszer	118-35 Queens Blvd Ste 400	<input checked="" type="checkbox"/> Add
		Forest Hills, NY 11375	<input type="checkbox"/> Remove
DP	Justyn Feldman	195 NORTH COCONUT LANE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
DST	Jaden Feldman	195 NORTH COCONUT LANE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove

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.

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

Noel Josephs

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

FILING FEE \$35.00



December 17, 2023  
Resilience Insurance Advisory Corp.  
118-35 Queens Blvd. Suite 400  
Forest Hills, NY 11375

To whom it may concern,

We are trying to update our corporation's address and officers on Sunbiz.org. We've included the required application, our most recent amended bylaws (updated October 18, 2023).

For additional information you can contact:

- Name: Noel Josephs
- Title: Controller
- Office: 212.803.5888 ext. 135
- Mobile: 718.715.8956
- Email: [njosephs@resil-ins.com](mailto:njosephs@resil-ins.com)
- Return Address: 118-35 Queens Blvd., Suite 400, Forest Hills, NY 11375

Thank you and Happy Holidays!

A handwritten signature in black ink, appearing to read "Noel Josephs". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Noel Josephs