

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000004214

Entity Name: RESILIENCE INSURANCE ADVISORY CORP.**Current Principal Place of Business:**11835 QUEENS BLVD, SUITE 400
FOREST HILLS, NY 11375**Current Mailing Address:**118-35 QUEENS BLVD
SUITE 400
FOREST HILLS, NY 11375 US**FEI Number:** 93-1852603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	RASMUSSEN, EMILY
Address	118-35 QUEENS BLVD STE 400
City-State-Zip:	FOREST HILLS NY 11375

Title	DT
Name	JOSEPHS, NOEL
Address	11835 QUEENS BLV STE 400
City-State-Zip:	FOREST HILLS NY 11375

Title	DST
Name	GOLDSZER, LINDSEY
Address	11835 QUEENS BLVD, SUITE 400
City-State-Zip:	FOREST HILLS NY 11375

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.

SIGNATURE: NOEL JOSEPHS**CONTROLLER****03/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date