Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000145231 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone : (561)694-8107
Fax Number : (561)694-1639

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

 1 ddragg.			

REGISTERED AGENT CHANGE PURE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

rias o o mu C MCNAIR

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

1. The name of the corporation is: PURE Insurance	Company					
2. The principal office address: 800 CORPORATE DRIVE SUITE 420						
FT LAUDERDALE FL 33334						
3. The mailing address (if different): 44 SOUTH BI WHITE PLAINS NY 10601	ROADWAY 301					
4. Date of incorporation/qualification: 9/10/20	08 Document Number: P08000083320					
5. The name and street address of the current register Florida Department of State:						
CHIEF FINANCIAL OFFICER	TAY SEE					
200 E GAINES ST						
TALLAHASSEE FL 32399	700					
6. The name and street address of the new registered (if changed): Corporate Creations Network Inc.	• ATTE					
11380 Prosperity Farms Road #22	1E S					
(P.O. Box Not acce	ptable)					
Palm Beach Gardens FL 33410						
The street address of its registered office and the agent, as changed will be identical.	street address of the business office of its registered					
Such change was authorized by resolution duly a authorized by the board, or the corporation has been	dopted by its board of directors or by an officer so notified in writing of the change.					
(Signature of an officer or director)	Natasha Duke, Attorney-in-Fact (Printed or Typed name and title)					
performance of my duties, and I am familiar with ar	fall statutes relative to the proper and complete and accept the obligation of my position as registered or reflect a change in the registered office address, I					
(Signature of Registered Agent)	5/30/2017 (Date)					
If signing on behalf of an entity:						
Natasha Duke, Special Secretary (Typed or Printed Name)						
MARECHECKEDAVABLES	TO ELODIDA DEDADEMENTOS STATE					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107