



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 SEP 30 PM 12:59

### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee. \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

|  |  |   |                    |
|--|--|---|--------------------|
| 1. Entity ID Number<br>000135139   |  | 2. Exact Name of the Limited Liability Company<br>International Catastrophe Insurance Managers, LLC |                    |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State.<br>Street Address 222 JEFFERSON BOULEVARD, SUITE 200   |  |   |                    |
| City/Town<br>WARWICK   |  | State<br><b>RHODE ISLAND</b>  | Zip<br>02888       |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY   |  |   |                    |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A  |  |   |                    |
| City/Town<br>East Providence   |  | State<br><b>RHODE ISLAND</b>  | Zip<br>02914       |
| 6. The name of the <b>NEW</b> resident agent is:<br>C T Corporation System   |  |   |                    |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>   |  |   |                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |  |   |                    |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____  |  |   |                    |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i> |  |   |                    |
| Name of Authorized Person of the Limited Liability Company<br>Joe Davis  |  |   | Date<br>09/29/2021 |
| Signature of Authorized Person of the Limited Liability Company<br>  |  |   |                    |

**MAIL TO:**

Division of Business Services  
148 W. River Street Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.r.gov

**FILED**

SEP 30 2021  
12:59  
1147X51

FORM 642 - Revised. 08/2020