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## Florida Department of State

Division of Corporations Public Access System

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Fax Number : (850)617-6380

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: C T CORPORATION SYSTEM

Account Number : FCA000000023

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: (850)878-5926

## REGISTERED AGENT CHANGE

## GUIDEONE MUTUAL INSURANCE COMPANY

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

2. The principal office address: 1111 ASHWORTH RD, WEST DES MOINES IA 50265  3. The mailing address (if different):  4. Date of incorporation/qualification: 03/01/1958	1. The name of	the corporation: GUIDEONE MUTUAL INSURANCE CO	YKAYMC			
4. Date of incorporation/qualification: 03/01/1958 Document number: 812596  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  CHIEF FINANCIAL OFFICER, DEPT OF FINANCIAL SERVICES  200 E. GAINES ST  TALLAHASSEE FL 32399 US  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  c/o CT Corporation System, 1200 South Pine Island Road  (FO Bas NOT acceptable)  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such changed will be identical.  Such changed was authorized by resolution duly adopted by its board of directors or by an officer so authorized, the board, or the corporation has been notified in writing of the change.  Such changes as authorized by resolution duly adopted by its board of directors or by an officer so authorized, the board, or the corporation has been notified in writing of the change.  Such changes to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligation of my position as registered agent. Or, if this accument is being filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  CT Corporation Salfmantha Jones  3-4-08						<u> </u>
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If signing on behalf of an entity:	if signing on bel	0 -				

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)