

F060000004855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

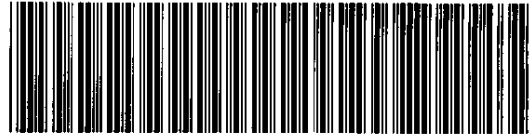
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185144248

RA
change

FILED
2010 SEP 13 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
9/13/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Republic Indemnity Company of America
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda A. Kreger
Name of Contact Person

Republic Indemnity Company of America
Firm/Company

15821 Ventura Blvd., Suite 370
Address

Encino, CA 91436
City/State and Zip Code

mindyk@ri-net.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda A. Kreger at (818) 382-1004
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Republic Indemnity Company of America
2. The principal office address: 15821 Ventura Blvd., Suite 370
Encino, CA 91436
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 07/21/2006 Document number: F06000004855

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer/Dept of Financial Services

200 E. Gaines Street, Larson Bldg.

Tallahassee, FL 32399-0300

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box 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 change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Melinda A. Kreger

Signature of an officer or director

Melinda A. Kreger, Vice President/Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Chris McNear
Signature of Registered Agent

9/10/10
Date

If signing on behalf of a corporation:

Chris McNear
Assistant Secretary

Typed or Printed Name

*** 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)

FILED
2010 SEP 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA