

FO6000005951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

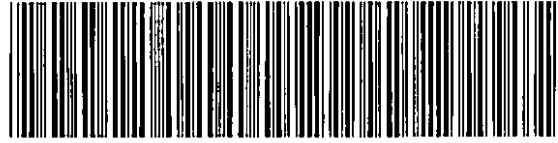
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 MAR 21 AM 10:59

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2019 MAR 21 AM 7:19
TAMPA COUNTY CLERK
TAMPA, FL

R WHITE
10325 00

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 681776 7206337

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : March 12, 2019

ORDER TIME : 10:22 AM

ORDER NO. : 681776-010

CUSTOMER NO: 7206337

FORCED DBA WITHDRAWAL FILING

FORCED DBA NAME: PLACER INSURANCE AGENCY, INC.

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

Certified Copy
 Plain Stamped Copy
 Certificate of Status

CONTACT PERSON: Roxanne Turner - Ext. 62969

EXAMINER'S INITIALS: _____

FILED

2019 MAR 21 AM 7:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Mark E. Hartman, do hereby certify
(Name)

that this Resolution of the Board of Directors of Premier Agency, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Iowa,
(State or Country)

was adopted on 2/22/2019 withdrawing the alternate

name of Placer Insurance Agency, Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 3/12/2019

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Associate VP & Assistant Secretary
Title of person signing

FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000005951

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adele Camper

(Name of Contact Person)

Nationwide

(Firm/Company)

One Nationwide Plaza, 1-38-401

(Address)

Columbus, Ohio 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Adele Camper at (614) 249-7216

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|---|--|---|

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