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(Re	equestor's Name)	
(Ac	idress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

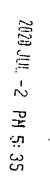
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: June 29, 2020

Order#: 327753-326

Re: ONECIS INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 607,0502, 617,0502 statement of change is submitted for a corporation organi	zed under the laws of the State of ILLINOIS	is	
in order to change its registered office or register	·		
1. The name of the corporation: ONECIS INSURANCE CO	OMPANY		
2. The principal office address: 4343 Commerce Court, S			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 12/14/2006	Document number: F06000007709		
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	gent and registered office on file with the		
C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD			
PLANTATION, FL 33324	PLANTATION, FL 33324		
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office	7070 JUL -2	
Corporation Service Company		PH .	
1201 Hays Street		من	
	NOT acceptable	35	
Tallahassee	FL 32301		
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered	d agent.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Xue & Comi	Jill Cilmi, Vice President		
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	tes relative to the proper and complete perh	ormance or, if this that the	
By: Dage Yokyble	06/19/2020		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Grace E. Kirby, Asst. Vice President Typed or Printed Name			
* * * FILING FEI	E: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2E045 (04/13)