Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000134242 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Pax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE SEAWORTHY INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

6/13/2013

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Amendment Section Division of Corporation	\$
SUBJECT:		Seaworthy Insurance Company
BUDO	BC1;	Name of Corporation
DOC	ument number:	F0 9000000658
The er	closed Statement of Chan	ge of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence	concerning this matter to the following:
		Bianca Dulanto
		Name of Contact Person
		Boat America Corporation
		Firm/Company
		880 S. Pickett Street
		Address
		Alexandria, VA 22304
		Cily/State and Zip Code
		bdulanto@boatus.com
	B-mail addr	ess: (to be used for future annual report notification)
For fu	ther information concerni	ng this matter, please call:
Blance	Dulanto	703 461-2878 at ()
	Name of Contact	
Enclos	ed is a \$35.00 check made	payable to the Department of State.

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

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

CR2E045 (03/12)

DIVISION OF CORPORATIONS

13 JUN 13

1:48

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

ztalement of	he provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of Metylend
(i) Qi	der to change its registered office ar registered agent, or both, in the State of Florida.
1. The name	of the corporation: Scawarthy Insurance Company
	oal office address; 147 OLD SOLOMON'S ISLAND RD. Suite 513 LIB, MD 21401
3. The mailin	g address (If different); 880 S. Fickett St., Alaxandria, VA 22304
4. Date of inc	orporation/qualification: 02/18/2009 Document number: F09000000538
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)
	Virginia Fletcher
	6255 LAKE GRAY BLVD. Suite 4
	JACKSONVILLB, FL 32244
6. The name a	and street address of the new registered agent (if changed) and/or registered office):
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Bert HOT geoptable
	Plantation, Florida 33324
The street add as changed w	iress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. James B. Holler (President) Provided these and title
	pt the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I on that the corporation has been notified in writing of this change.
By	orporation System C/ 12/13
If signing on	behalf of an entity: Vice President and Assistant Secretary
	Typed or Printed Name
	* * * FILING FEE: \$35.00 * * *
1	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, I ² L 32314

CRZE045 (03/12)
FL005 - 03/20/2013 Walters Kinwer-OnRase