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SERVE ESERVE ELORIDA

OCT 02 2019 S. YOUNG

CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sorava Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873453-125

Re: MONARCH MANAGEMENT CORPORATION

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

<u>MX</u> File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

<u>MX</u> Please return evidence to the following:

Attn: Soraya Sariaslani

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 offic

QUCA.XCOA

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

	•	07,0502, 617.0502, 607.1508, or 617.1508, Florida Statules, this orporation organized under the laws of the State of KS	
•	~	d office or registered agent, or both, in the State of Florida.	
I. The name of	the corporation: MONAF	RCH MANAGEMENT INSURANCE SERVICES, INC.	
2. The principal	office address: 3201 Ch	nerry Ridge Dr. Suite D405 San Antonio, TX 78230	
3. The mailing a	address (if different): 220	0 S. Ridgewood Ave. Daytona Beach, FL 32114	
4. Date of incor	poration/qualification: _	1/09/2009 Document number: F10000000432	
	I street address of the curtment of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)	
	C T CORPORATION	SYSTEM C/O C T CORPORATION SYSTEM	
	1200 SOUTH PINE IS	LAND RD	
	PLANTATION, FL 33324		
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or registered office	
	Corporation Service C	ompany	
	1201 Hays Street	Ę.	
	Tallahassee	PO Box NOT acceptable  FL 32301	
The street addre	ess of its registered offic	ce and the street address of the business office of its registered ag	
authorized by th	ie board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
	COME  Te of an officer or director	Jill Cilmi, Vice President	
I hereby accept I further agree to performance of agent. (Or, if the hereby confirm	ン the appointment as rev	Printed or typed name and title istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete iniliar with and accept the obligation of my position as registered and merely to reflect a change in the registered office address, I s been notified in writing of this change.	
	c. TKubi nature of Registered Agent	09/16/2019	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Assistant Vice Presider	nt	
Ty	ped or Printed Name	<del>_</del>	

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