F12000004514

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 11, 2013

Order#: 602032-005

Re: CHOICEMARK INSURANCE SERVICES, INC.

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: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Delice registered agent, or both, in the State of Flor	aware
	he corporation: CHOICEMARK IN		
2. The principal			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/05/2012	Document number: F120000045	514
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with tresigned)	he
	Paracorp Incorporated		
	236 E. 6th Avneue		
	Tallahassee, FL 32303	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	13 年 17 [] 12: 39
	Corporation Service Company		(A)
	ري 1201 Hays Street و المحافظة ا		
	P.O. Box NOT acceptable		
	Tallahassee, FL 32301		
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its re-	gistered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cer so
()	H J_	Dona Priebe, Vice President	
, —	re of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. ll statutes relative to the proper and complet and accept the obligation of my position as to reflect a change in the registered office ac ified in writing of this change.	registered
By:	Aure of Registered Agent	April 5, 2013	
_		Date	
	half of an entity:		
Sylvia Queppet	, Asst. VP pped or Printed Name		
13	ped of Frinted Haine		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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