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FEB 2 8 2019

T. LEMEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: February 21, 2019

Order#: 609019-025

Re: THE MARTIN BURLINGAME INSURANCE AGENCY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Amanda Raker 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.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the la	iws of the Sto	ate of COLORADO				
1. The name of t	the corporation: THE MARTIN BURLING	GAME INSURANC	CE AGENC	r, corporation				
2. The principal	office address: 1773 8TH ST., SUITE 2	00 COLORADO S	SPRINGS, C	O 80905				
3. The mailing a	ddress (if different): PO BOX 60190 CO	DLORADO SPRIN	VGS, CO 80	960				
4. Date of incorp	poration/qualification: 11/26/2018	Document	number: F1	8000005597				
	street address of the current registered timent of State: (If resigned, enter resign		ed office on	file with the				
	PARACORP INCORPORATED							
	155 OFFICE PLAZA DR, 1ST FL							
	TALLAHASSEE	FL	32301					
6. The name and (if changed):	street address of the new registered age	ent (if changed) an	od /or register					
	1201 Hays Street			5 7				
	P.O Box NO Tallahassee	Tacceptable FL	32301					
The street addre	ess of its registered office and the street be identical.	address of the bu	siness offic	e of its registered agent.				
Such change wa authorized by th	s authorized by resolution duly adopted board, or the corporation has been no	d by its board of continued in writing of	lirectors or lof the chang	oy an officer so e.				
	Sie & Coni	Jill Cilmi, Vice f						
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent are comply with the provisions of all states my duties, and I am familiar with and a state of a	nd agree to act in tutes relative to th accept the obligat lect a change in th in writing of this c	ie proper an ion of my po he registered	v. d complete osition as registered				
By:	nature of Registered Agent	02/20/2019	Date					
If signing on bel	half of an entity:							
Grace E. Kirby,	Asst. Vice President							
Ту	ped or Printed Name							

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

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

statement of cha	provisions of sections 607,050 inge is submitted for a corpore r to change its registered offic	ation organized un	der the la	ws of the S	tate of <u>C</u>	OLORAE	
1. The name of t	he corporation: THE MARTIN	BURLINGAME IN	NSURAN	CE AGENO	CY, CORF	PORATIO	NC
2. The principal	office address: 1773 8TH ST.	, SUITE 200 COL	ORADO S	SPRINGS,	CO 8090	)5	
3. The mailing a	ddress (if different): PO BOX	60190 COLORAD	OO SPRIN	IGS, CO 8	0960		
4. Date of incorp	poration/qualification: 11/26/2	2018	Document	number: _	1800000	5597	
	I street address of the current it tment of State: (If resigned, er		d register	ed office o	n file with	1 the	
	PARACORP INCORPORAT	ED					
	155 OFFICE PLAZA DR, 1S	TFL	-		· · · · · ·		
	TALLAHASSEE		FL	32301		2019	
6. The name and (if changed):	I street address of the new region Corporation Service Compar		anged) an	d /or regis1	CAMASSEE		
	1201 Hays Street					<b>Ū</b> ¥⁴	C
	Tallahassee	P.O. Box. NO Facceptabl	e FL	32301	Q.M.	<b>60</b> 3	
				32301	····		
The street addre as changed will	ss of its registered office and be identical.	the street address	of the bu	siness offi	ce of its r	registered	d agent,
Such change wa authorized by th	is authorized by resolution du board, or the corporation has	lly adopted by its las been notified in	board of c writing o	lirectors or of the chan	by an of ge.	ficer so	
Signatu	Jill Cilmi, Vice President  Printed or typed name and title						
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered of comply with the provisions my duties, and I am familiar is document is being filed menthal the corporation has been n Service Company	of all statutes reli with and accept the rely to reflect a chance anotified in writin	to act in ative to the obligate in the obligate in the good of this control of the control of th	this capac te proper a ton of my p te register	ity ind compl position a	is registe	red I
By:	nature of Registered Agent	02/20	)/2019	Date			
If signing on bel	half of an entity:						
Grace E. Kirby,	Asst. Vice President						
Ť	ped or Printed Name						

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