## F94000001956

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| PICK-UP WAIT MAIL  |  |  |  |  |
|  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |
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| (Document Number)  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |
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| Special Instructions to Filing Officer:  |  |  |  |  |
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Office Use Only



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DEPART OF AM II: 00
DEVISION OF CONFUNCTIONS
TALL SHASSEE FLORIDA

OCT-6 AMII: 00

SECRETARY OF STATE SIVISION OF CORRECTATION

e.A. Chq. C.COULLIETTE

OCT - 6 2011

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE : 935247

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 5, 2011

ORDER TIME : 9:34 AM

ORDER NO. : 935247-011

CUSTOMER NO: 5024118

## CHANGE OF AGENT

NAME: ZENITH ADMINISTRATORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

| statement of cha  | ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo<br>hange is submitted for a corporation organized under the laws of the Sta<br>der to change its registered office or registered agent, or both, in the Sta   | te of Maryland          |                                     |
|---|--|-------------------------|-------------------------------------|
| 1. The name of  | of the corporation: ZENITH ADMINISTRATORS, INC.  |                         |                                     |
| 2. The principal  | al office address: 18861 90th Ave, Suite A, Mokena IL 60448  |                         |                                     |
| 3. The mailing a  | g address (if different):  |                         |                                     |
| 4. Date of incor  | orporation/qualification: 04/15/1994 Document number: F94  | 4000001956              |                                     |
|   | nd street address of the current registered agent and registered office on footment of State:  | ile with the            |                                     |
|   | CT Corporation System  |                         | . ¥.                                |
|   | 1200 S. Pine Island Rd.  |                         | HEYRETARY<br>ISIOH OF CO            |
|   | Plantation FL 33324  |                         | 1-5 SE                              |
| 6. The name and (if changed):   | nd street address of the new registered agent (if changed) and /or register:   | ed office               | ORPORA                              |
|   | Corporation Service Company  |                         | <b>5</b>                            |
|   | 1201 Hays Street   |                         |                                     |
|   | (P.O. Box NOT acceptable)  |                         |                                     |
|   | Tallahassee, FL 32301  |                         |                                     |
| The street addre<br>as changed will   | lress of its registered office and the street address of the business official be identical.   | e of its registere      | ed agent,                           |
| Such change wa<br>authorized by th  | was authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change  | by an officer so<br>ge. | 1                                   |
| Mari  | Maureen Cathell, Vice F  (Printed or typed nar  on the approximant as registered quant and garee to get in this congests   | resident                |                                     |
| I hereby accept<br>I further agree to<br>of my duties, and<br>document is beit<br>corporation has | of the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as region of the proper and I am familiar with and accept the obligation of my position as region filed merely to reflect a change in the registered office address, I as been notified in writing of this change.  The time of this change is a company the company to the company that the company the company the company that the company the company the company that the comp | ער                      | formance<br>Or, if this<br>that the |
|   | 10/04/2011   |                         |                                     |
| (Sig  | Signature of Registered Agent) (Date)  |                         |                                     |
| If signing on be  | pehalf of an entity:   |                         |                                     |
| Sylvia Queppo   | pet, Asst. VP  |                         |                                     |
| (7)   | (Typed or Printed Name)  |                         |                                     |

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