

H 86865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

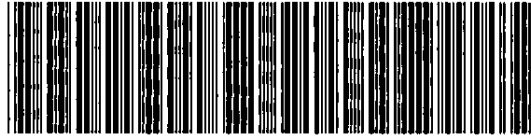
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400155737654

05/11/09--01037--029 **35.00

FILED
09 MAY 11 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

MAY 18 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raincross Insurance, Inc.
Name of Corporation

DOCUMENT NUMBER: H86865

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty Sue Palmer
Name of Contact Person

Agency Marketing Services, Inc.
Firm/Company

9800 4th Street No., Suite 400
Address

St. Petersburg, FL 33702
City/State and Zip Code

bpalmer@agencymarketing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Sue Palmer at (727) 384-1036 x 124
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Raincross Insurance, Inc.
2. The principal office address: 9800 4th Street No., Suite 400
St. Petersburg, FL 33702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/25/1985 Document number: H86865
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Boyd H. Wolf

100 Corey Avenue

St. Pete Beach, FL 33706

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Boyd H. Wolf

9800 4th Street No., Suite 400

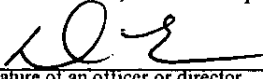
P.O. Box NOT acceptable

St. Petersburg, FL 33702

FILED
09 MAY 11 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

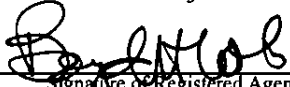
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David E. Gough, Sr. Vice-President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

05/08/2009
Date

If signing on behalf of an entity:

Boyd H. Wolf
Typed or Printed Name

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