

PO6000117393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

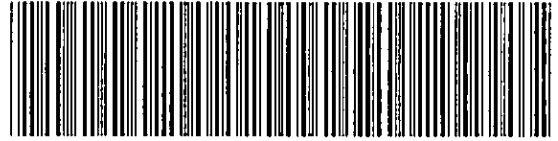
(Business Entity Name)

(Document Number)

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RA & RO change

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2024 JUL 19 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 JUL 19 AM 10:35  
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JUL 22 2024  
A RAMSEY

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 07/19/2024

Acc#I20160000072

*eric DW*

Name:	Auto Club Insurance Company of Florida
Document #:	
Order #:	15773928

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

**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: AUTO CLUB INSURANCE COMPANY OF FLORIDA  
2. The principal office address: 9125 Henderson Road Tampa, FL 33634

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/11/2006 Document number: P06000117393

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)

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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

Chief Financial Officer  
200 E. Gaines St.  
Tallahassee, FL 32399-0000  
P.O. Box NOT acceptable

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

John Bruno, Secretary  
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.*

By:   
Signature of Registered Agent

07/18/2024  
Date

If signing on behalf of an entity:  
Eric Carlson  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (0-4/13)