F13000004069

(Re	equestor's Name)	
(Ad	dress)	
	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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05/08/14--01033--002 **280.00

FILED

2014 MAY -8 P 2: 5:
SECRETARY OF STATE





May 6, 2014

BY FEDERAL EXPRESS

Department of State New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Statement of Change of Registered Office or Registered Agent or Both

Dear Sir/Madam:

Please find attached for filing a Statement of Change of Registered Office or Registered Agent or Both for:

- 1. John G. Lambros Co., Inc.
- 2. Ascension Insurance, Inc.
- 3. Ascension Insurance Agency, Inc.
- 4. Ascension Insurance Services, Inc.
- 5. Walter L. Clark & Associates, Inc.
- 6. Summit America Insurance Services, Inc.
- 7. Portal Insurance Agency, Inc.
- 8. Employers Mutual, Inc.

Please also find attached a check in the amount of \$280.00 (\$35.00x8) in payment of your filing fees.

Please forward the filing receipt to 3H Agent Services, Inc., 6 Clement Avenue Saratoga Springs, NY 12866, Attn: Elizabeth Harker. Please do not hesitate to contact me at 518 583-0639 Ext. 113 if you have any questions.

Best regards,

Yours truly,

Elizabeth Harker

beth.harker@3has.com

Attachments

New York Office

6 Clement Avenue Saratoga Springs, NY 12866 Phone: (800) 796-7859 Fax: (800) 728-4954

COVER LETTER

Division of Corporations	
SUBJECT: JOHN G. LAMBROS CO., INC.	C.
Nan	ne of Corporation
F13000004069	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Gary Harker	
Name	e of Contact Person
3H Corporate Services	LLC
·	Firm/Company
6 Clement Avenue	
- Odernati / Werlac	Address
Constant Outlines NIV 4	
Saratoga Springs, NY 1	
City/S	State and Zip Code
gary.harker@3hcs.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter,	please call:
Gary Harker	518 583-0669 Ext. 111
Name of Contact Person	518 583-0669 Ext. 111 at () Area Code & Daytime Telephone Number
	, a. a. c. a. a. a. y
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporati	Amendment Section ons Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 3231	
	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 St statement of change is submitted for a corporation organized under the laws of the State of $\frac{N}{N}$ in order to change its registered office or registered agent, or both, in the State of Florida Stat	IY
1. The name of the corporation: JOHN G. LAMBROS CO., INC.	
2. The principal office address: 4 WEST RED OAK LANE WHITE PLAINS, NY 10604	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/19/2013 Document number: F130000	004069
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	h the
3H Agent Services, Inc.	
1970 Otter Way	
Palm Harbor, FL 34685	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ce
3H Agent Services, Inc.	
1415 Panther Lane, Suite 327	N-3
P.O. Box NOT acceptable Naples, FL 34109	e Ti
The street address of its registered office and the street address of the business office of its as changed will be identical.	régistered agent,
Elizabeth A. Harker Atty-in-fact for fits Signature of an officer or director Printed or typed name and fille	President
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 comp performance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	lete as registered address, I
9/1/2014 5/1/2014	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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