

FD8000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

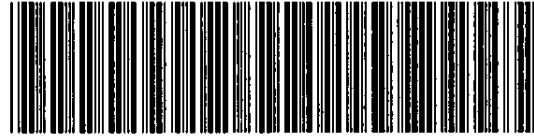
(Business Entity Name)

(Document Number)

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02/22/16--01005--008 \*\*25.00

03/30/16--01005--023 \*\*10.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 23 AM 9:22

MAR 30 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2016

NICOLAS SIHA / LEGALINC CORPORATE SERVICES INC  
17350 STATE HWY 249  
HOUSTON, TX 77064 US

SUBJECT: MAYFLOWER WOLLAM INSURANCE GROUP, INC.  
Ref. Number: F08000004769

We have received your document for MAYFLOWER WOLLAM INSURANCE GROUP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00003949

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAYFLOWER WOLLAM INSURANCE GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F08000004769

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:

NICOLAS SIHA  
Name of Contact Person  
LEGALINC CORPORATE SERVICES INC.  
Firm/Company  
17350 STATE HIGHWAY 249  
Address  
HOUSTON, TX 77064  
City/State and Zip Code  
SUPPORT@LEGALINC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS SIHA at ( 713 ) 478.1040  
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: MAYFLOWER WOLLAM INSURANCE GROUP, INC.
2. The principal office address: 253 S. Salem-Warren Rd  
North Jackson, OH 44451
3. The mailing address (if different): PO BOX 248  
North Jackson, OH 44451
4. Date of incorporation/qualification: 11/04/2008 Document number: F08000004769

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)

USA-RA LLC  
841 PRUDENTIAL DR 12TH FLR  
JACKSONVILLE, FL 32207

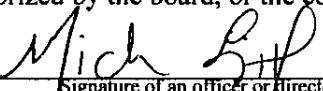
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS, SUITE 400  
P.O. Box NOT acceptable  
FORT MYERS, FL 33907

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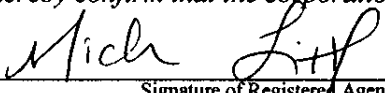
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

NICOLAS SIHA  
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

3/16/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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