

FD8000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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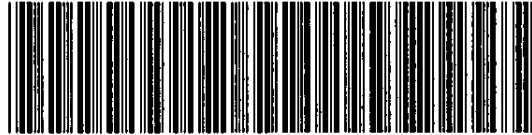
(Business Entity Name)

(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

713 478.1040

Name of Contact Person

at () 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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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.

Mich Liff
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.

Mich Liff
Signature of Registered Agent

3/16/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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