251653

(Requestor's Name)					
(Address)					
(Address)					
(iddioso)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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01/03/18 | 01029--024 | **35.00

1818 JAN -8 FH 12: W

C MCHAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

2018 JAN -8 FH 12: 4

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman

ashley.seeman@cscglobal.com

Date: January 3, 2018

Order#: 993624/005

Re: PREMIUM ASSIGNMENT CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	provisions of sections 607.0 ange is submitted for a corp			1
in orde	er to change its registered o	ffice or registered agen	it, or both, in the .	State of Florida.
1. The name of	the corporation: Premium A	ssignment Corporation	1	
2. The principal	office address: 3522 Thom	asville Road, Suite 400	0, Tallahassee, F	L 32309
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/2	28/1961 Do	cument number:	251653
	d street address of the currer rtment of State: (If resigned		registered office of	
	Farris, Kelton M			
	3522 Thomasville Road, S	Suite 400		2010 JAN - 8
	Tallahassee		FL 32309	
6. The name and (if changed):	d street address of the new n	egistered agent (if chan	iged) and /or regis	stered office
	Corporation Service Comp	pany		
	1201 Hays Street			 -
		P.O. Box NOT acceptable		
	Tallahassee		FL 32301	
The street address changed will	ess of its registered office a be identical.	nd the street address o	f the business off	ice of its registered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its bo has been notified in v	ard of directors o	or by an officer so nge!
Jala	u of	Joshua	M Ellwanger, Sed	cretary
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registe to comply with the provision my duties, and I am familia is document is being filed nather the corporation has being Service Company	ns of all statutes relati ar with and accept the nerely to reflect a char	ve to the proper i obligation of my use in the register	city. and complete position as registered
By: Y	nature of Registered Agent	01/03/	2017	
_	half of an entity:		310	
Grace E. Kirby,	Assistant Vice President			
Ty	ped or Printed Name			
	***	FILING FEE: \$35.00	* * *	
	MAKE CHECKS PAYA	ABLE TO FLORIDA DEP	ARTMENT OF STA	ATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)