

265695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

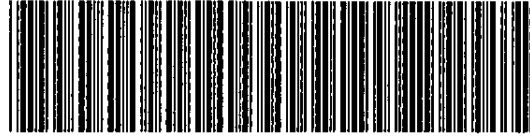
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800244619748

02/13/13--01004--029 **35.00

RA RO
Charge

FILED
13 FEB 13 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-14-13
mas

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ormond Re Group, Inc.

Name of Corporation

DOCUMENT NUMBER: 265695

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:

John B. Deiner

Name of Contact Person

Ormond Re Group, Inc.

Firm/Company

802 Sterthaus Drive, Suite C

Address

Ormond Beach, FL 32174

City/State and Zip Code

deiner@ormondre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John B. Deiner

Name of Contact Person

at (386) 677 4453

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: Ormond Re Group, Inc.
2. The principal office address: 802 Sterthaus Drive, Suite C
Ormond Beach, FL 32174
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/31/62 Document number: 265695

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)

Halifax Reinsurance Corporation

140 S. Atlantic Ave. Suite 400

Ormond Beach, FL 32176

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

John B. Deiner

802 Sterthaus Drive, Suite C

P.O. Box NOT acceptable

Ormond Beach, FL 32174

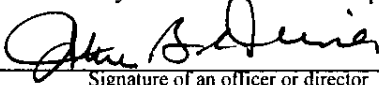
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 13 AM 10:13

FILED

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 B. Deiner, EVP, Secy. & Gen. Counsel

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

2/8/13

Date

If signing on behalf of an entity:

John B. Deiner/Ormond Re Group, Inc.

Typed or Printed Name

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