

506021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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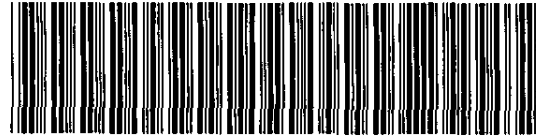
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PA change

JUL 06 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Company of the Americas
Name of Corporation

DOCUMENT NUMBER: 506021

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:

Timothy G. Schoenwalder, Esq.

Name of Contact Person

Meenan, P.A.

Firm/Company

325 West College Avenue

Address

Tallahassee/Florida 32301

City/State and Zip Code

TS@meenanlawfirm.com

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

For further information concerning this matter, please call:

Timothy G. Schoenwalder at (850) 425-4000

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

RECEIVED
TALLAHASSEE, FLORIDA
JUL 11 2006

15 JUL -6 AM 11:32

APPROVED
AND
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2015

TIMOTHY G. SCHOENWALDER, ESQ.
MEENAN, P.A.
325 WEST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

SUBJECT: INSURANCE COMPANY OF THE AMERICAS
Ref. Number: 506021

We have received your document for INSURANCE COMPANY OF THE AMERICAS and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

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

Tina D Cannon
Regulatory Specialist II

Letter Number: 315A00013930

7:06:15

re: Insurance Company of the Americas ("ICA")

Dear Ms. Cannon,

I am Florida counsel for ICA. Over 2 years ago, ICA ceased to be authorized to transact insurance in Florida.

Last month, a litigant tried to serve a summons on ICA by serving the Chief Financial Officer (CFO). The CFO refused to accept service, and refuses to act as Registered Agent (RA) for ICA because ICA ceased to be authorized to transact insurance in Florida.

Accordingly, ICA requests that you appoint our firm, Meenan P.A., as the RA for ICA pursuant to the Statement of Change which I and ICA Director Gary Hirt executed.

Thank you,

Tim Schoenwelder

Meenan P.A.

850.425.4000 (off.)

850.694.2400 (c)

ts@meenanlawfirm.com

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 Insurance Company of the Americas
2. The principal office address 2500 W Lake Mary Blvd Ste 208, Lake Mary FL 32746
3. The mailing address (if different): P.O. Box 952619, Lake Mary, FL 32795
4. Date of incorporation/qualification 06/28/1976 Document number 506021
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)

Chief Financial Officer

P.O. Box 6200

200 E. Gaines Street, Tallahassee, FL 32399

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

Meenan, P.A.

325 West College Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

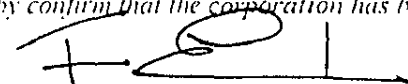
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Gary Hirst, Director

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

6.26.15

Date

If signing on behalf of an entity

Timothy G. Schoenwelder
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

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