

506021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

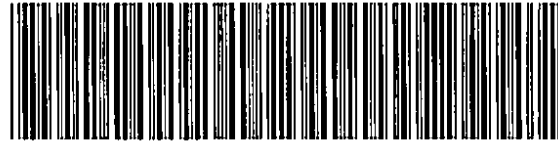
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REGISTRATION

Ra Chango

JUL 18 2017

## 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:

Mark Chander

Name of Contact Person

Meenan P.A.

Firm/Company

P.O. Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

mark@meenanlawfirm.com

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

For further information concerning this matter, please call:

Mark Chandler

Name of Contact Person

at ( 850 ) 425-4000

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

FILED  
STATE  
SECRETARY OF CORPORATIONS  
TALLAHASSEE, FL  
47 JUL 17 2010

**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: 7025 CR46A Suite 1071 #509  
Lake Mary, FL 32746
3. The mailing address (if different): PO Box 952619  
Lake Mary, FL 32795
4. Date of incorporation/qualification: 10/21/1992 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)  
MEENAN, P.A.  
325 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MEENAN P.A.  
300 S. Duval Street, Ste. 410  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

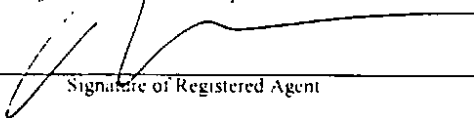
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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

7/17/17

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Mark Chandler

\_\_\_\_\_  
Typed or Printed Name

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