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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: W.J. Burt and Associates, Inc.

Name of Corporation

DOCUMENT NUMBER: 548935

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

W.J. Burt And Associates, 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

_{...} 386 \ 677 4

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

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, thi anized under the laws of the State of Florida istered agent, or both, in the State of Florida.	<u> </u>
1. The name of t	he corporation: W.J. Burt and A	Associates, Inc.	
2. The principal	office address: 802 Sterthaus [Orive, Suite C	
· ·	Ormond beach,		
3. The mailing a	ddress (if different): Same		
4. Date of incorp	poration/qualification: 10/12/77	Document number: 548935	
5. The name and		agent and registered office on file with the ned)	
	John B. Deiner		
	140 S. Atlantic Ave. Suit	e 400	
	Ormond Beach, FL 321	76 FALLA	Jesus.
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered of S	
	Ormond Re Group, Inc.	AM II:	M
	802 Sterthaus Drive, Sui	ite C	
P.O. Box NOT acceptable			
	Ormond Beach, FL 321	74	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business office of its registered	agent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
Stu	D. Flener	John B. Deiner, EVP, Secy. & Gen. Cour	nsel
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to performance of a gent. Or, if thi, hereby confirm t	mv dúties, and I am familiar with and	atutes relative to the proper and complete accept the obligation of my position as register flect a change in the registered office address, l	red I
By: Jan	S. Deine	2/8/13	
Eu Sign	ature of Registered Egent Couns FL	Date	•
If signing on bel	nalf of an entity:		
John B. Dein	er/W.J.Burt & Assoc., Inc		
Ty	ped 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
CR2E045 (03/12)