

800831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

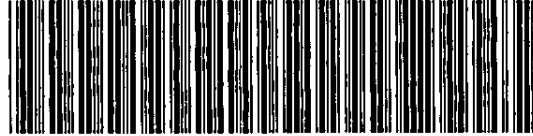
(Document Number)

Certified Copies _____ Certificates of Status _____

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per Diane C. file and send print out
showing corp has been dts AL 427

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2016 APR 25 PM 2:54
CLERK OF STATE
TALLAHASSEE, FL 32301

4/27/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shenandoah Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: 800831

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:

Joanna Hunsberger
Name of Contact Person

Shenandoah Life Insurance Company
Firm/Company

4415 Pheasant Ridge Rd., Suite 300
Address

Roanoke, Va 24014
City/State and Zip Code

Joanna.Hunsberger@prosperitylife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Hunsberger at (540) 985-4201
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shenandoah Life Insurance Company
2. The principal office address: 4415 Pheasant Ridge Rd., Suite 300 Rounde, Va 24014
3. The mailing address (if different): PO Box 12847 Rounde, Va 24029
4. Date of incorporation/qualification: 3/31/1915 Document number: 800831
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)

Resigned

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

Capitol Corporate Services, Inc.

156 Office Plaza Dr Suite A

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.

Kathleen M. Kronau
Signature of an officer or director

Kathleen M. Kronau
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.

Delanie Case
Signature of Registered Agent

4/19/2016

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary

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
CR2F045 (03/12)

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2016 APR 25 PM 2:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS