

809705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

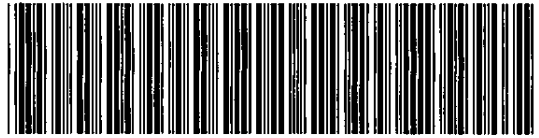
(Business Entity Name)

(Document Number)

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07 OCT 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

R.A. Chang

C. Coufflette OCT 25 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEORGIA CASUALTY & SURETY COMPANY
(Name of Corporation)

DOCUMENT NUMBER: 809705

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:

KATHERINE L. SLONINA, AIM, CPIW
ASSISTANT VICE - PRESIDENT
(Name of Contact Person)

ATLANTIC AMERICAN CORPORATION
(Firm/Company)

4370 PEACHTREE ROAD, N.E.
(Address)

ATLANTA, GA 30319
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHERINE L. SLONINA at (404) 266-5534
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2007

KATHERINE L. SLONINA
ATLANTIC AMERICAN CORPORATION
4370 PEACHTREE RD., N.E.
ATLANTA, GA 30319

SUBJECT: GEORGIA CASUALTY & SURETY COMPANY
Ref. Number: 809705

Rec 10-25-07 3:50 P.M.

We have received your document for GEORGIA CASUALTY & SURETY COMPANY and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 607A00061046

CT Corporation System

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

Georgia Casualty & Surety Company

☐ Profit☐ Amendment☐ Merger☐ Nonprofit☐ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☐ LLC☐ Name Registration☒ Change of RA☐ Fictitious Name☐ UCC☐ Certified Copy☐ Photocopies☐ CUS☐ Call When Ready☐ Call If Problem☐ After 4:30☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name

10/25/2007

Order#: 7060538

Availability _____

Document

Examiner _____

CB

Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

Amount: \$ _____

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

1. The name of the corporation: GEORGIA CASUALTY & SURETY COMPANY
2. The principal office address: 4370 PEACHTREE ROAD, NE
ATLANTA, GA 30319
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/03/54 Document number: 809705

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GARY BURKEY
1661 SANDSPUR ROAD
MAITLAND, FL 32751-6134

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
(P.O. Box NOT acceptable)
PLANTATION, FL 33324

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.

Katherine L. Slonina
(Signature of an officer or director)

KATHERINE L. SLONINA
ASSISTANT VICE - PRESIDENT
(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.

Connie Bryan
(Signature of Registered Agent)

10/25/2007
(Date)

If signing on behalf of an entity:

CONNIE BRYAN
SPECIAL ASSISTANT 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
CR2E045 (8/05)

07 OCT 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED