

812596

Florida Department of State  
Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE  
GUIDEONE MUTUAL INSURANCE COMPANY

Certificate of Status	0
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Corporate Filing Menu

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Handwritten signature and date: 3/5/08

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

- 1. The name of the corporation: GUIDEONE MUTUAL INSURANCE COMPANY
- 2. The principal office address: 1111 ASHWORTH RD, WEST DES MOINES IA 50265
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 03/01/1958 Document number: 812596
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CHIEF FINANCIAL OFFICER, DEPT OF FINANCIAL SERVICES  
200 E. GAINES ST  
TALLAHASSEE FL 32399 US

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

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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.

*Sam Waters*  
(Signature of an officer or director)

Sam Waters, Assistant Secretary  
(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.

By: *Samantha Jones*  
(Signature of Registered Agent)  
Samantha Jones  
Assistant Secretary

3-4-08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)