Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please. **

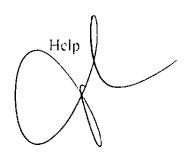
| mail | Address: | |
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REGISTERED AGENT CHANGE EVERLAKE ASSURANCE COMPANY

| Certificate of Status | 0 |
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| Certified Copy | Û |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu



Florida SOS Filing - EAC Change of Registered Agent

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

| Plantation, Florida 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. Angela K, Fontana SVP, Chief Legal Officer and Sec Secretary Printed or typed name and tale 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. C T Corporation System OS/20/24 Signature of Registered Agent Date Plantation, Florida 33324 Date Plantation, Florida 33324 Angela K, Fontana SVP, Chief Legal Officer and Sec Secretary Printed or typed name and tale Date of the change of the change of the change of the proper and complete performance of my duties, and the provisions of all statutes relative to the proper and complete performance of my duties, and the provisions of all statutes relative to the proper and complete performance of my duties. OS 120/24 Signature of Registered Agent Date | | inge is submitted for a corporation orga ir to change its registered office or regist | | | _ | |
|---|---|--|--|--|-------------------|------|
| 2. The principal office address: \$\frac{3100 \text{ SANDERS ROAD Suite 303. NORTHBROOK. IL 60062}}{2. The mailing address (if different): 4. Date of incorporation/qualification: \$\frac{10^{16}{1967}}{10^{16}{1967}}\$ Document number: \$\frac{820799}{20099}\$ 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) CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE. FL 32399-0000 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 NYT acceptable Plantation, Florida 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. Angela K, Fontana SVP, Chief Legal Officer and See Secretary Printed or typed name and naw. 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 merget to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System Signature of Registered Agent of the change. CT Corporation System Fine Street address of its registered agent and agree to act in this capacity. I have been notified in writing of this change. CT Corporation System Signature of Registered Agent are the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | 1. The name of t | the corporation: EVERLAKE ASSURAN | ICE COMPANY | | | |
| 4. Date of incorporation/qualification: 10:16:1967 Document number: \$20799 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) CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): C T Corporation System 1200 South Pine Island Road Plo Box NUTsceptable Plantation, Florida 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. Angela K, Fontana SVP, Chief Legal Officer and Sec Secretary Interior agent to comply with the provisions of all statutes relative to the proper and complete performance of the different perfect a change in the registered office address. Thereby confirm that the corporation has been motified in writing of disc change. C T Corporation System If signing on behalf of an entity: | 2. The principal | office address: 3100 SANDERS ROAD S | suite 303, NORTHBROOK, IL 60062 | | <u> </u> | |
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| CHIEF FINANCIAL OFFICER P O BOX 6200 (323)4-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000 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 PO Box NOT acceptable Plantation, Florida 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. Angela K. Fontana SVP, Chief Legal Officer and See Secretary Printed or typed name and tale 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 pastion 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. CT Corporation System OS/20/24 Signature of Registered Agent Date If signing on behalf of an entity: | 4. Date of incorp | poration/qualification; 10:16:1967 | Document number: 820799 | | | |
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| Signature of Registered Agent 05/20/24 If signing on behalf of an entity: | I hereby accept I further agree t of my duties, an document is bein corporation has | the appointment as registered agent ar o comply with the provisions of all stat of I am familiar with and accept the obb ng filed merely to reflect a change in th been notified in writing of this change | nd agree to act in this capacity, tutes relative to the proper and com ligation of my position as registered the registered office address, I hereb | plete performa Lagent. Or, if i y confirm that | nce his the | |
| | C. I Corporation | System Studia Jugat | 05/20/24 | | | |
| | If signing on bel | half of an entity: | | | | |
| Sandra Zwijack, Assistant Manager | | | | | | |
| Typed or Printed Name | | <u> </u> | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: