## 841134

(Danuartada Marra)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **CT** CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 3230 March 15, 2004
Tel 850 222 1092

Fax 850 222 7615

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6056330 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Octagon Risk Services, Inc. (MN) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir Fulfillment Specialist Brigham\_Weir@cch-tis.com

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

	provisions of sections 60 f change is submitted for a in order to change i	corporatio <u>n</u> organi	zed under the la	ws of the State o	of	
of Florida.	in order to change i	is register <u>e</u> ti Office -	or registered ag	zeni, or ooin, in	ine Dun	C
*	the corporation: Octagon Ri	sk Services, <u>In</u> c.				
2. The principal	office address: 385 Washin	gton Street St_Paul M	N 55102			
3. The mailing a	uddress (if different):			SECON	2 -	_ _
4. Date of incor	poration/qualification: 07/20	/1978	Document num	ber: 841134	<del>55  </del>	: - -1
	d street address of the curre	nt registered agent	and registered of	fice on file with		j
-	The Prentic	e-Hall Corporation Sy	stem, Inc.		90	
		1201 Hays Street		<del></del>		
		Talahassee FL 32301		<del></del>		
<ol><li>The name ar changed):</li></ol>	d street address of the ne	w registered agent T Corporation System		l /or registered	office (i	f
•	c/o	C T Corporatio <u>a</u> Syste	m			
-	•	personal mailbox NOT accession Road, Plantation	-			
	ess of its registered office a ed will be identical.					į
Mm IM	ns authorized by resolution ne board, or the corporation chairman or vice chairman of the boar	-	s board of direct in writing of the Don Boadway Vi (Printed or typed name		icer so	
I hereby accept I further agree of performance of registered agen office address,  C T  By:	the appointment as registed to comply with the provision my duties, and I am familit. Or, if this document is before that the conformation System  Delvi (Anologisted Agent)	red agent and agr	elative to the pro	oner and compl	ete s red nge.	
If signing on behal	f of an entity;	A	SST Secret	etary		

\* \* \* FILING FEE: \$35.00 \* \* \*