F00000001055

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(Cit	ty/State/Zip/Phon	e #)		
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C LEWIS



CSC - WILMINGTON
Suite 400 '
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 18, 2015

Order#: 863203-093

Re: THE GENERAL AUTOMOBILE INSURANCE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company

2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

	1	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of CA	s, this		
		egistered agent, or both, in the State of Florida.		_	
		ITOMOBILE INSURANCE SERVICES, INC.			
	al office address: 2636 Elm Hill Pike,				
z. The principa	ar office address.				
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification: 02/28/2000	Document number:F00000001055	5		
	nd street address of the current registe partment of State: (If resigned, enter re	ered agent and registered office on file with the signed)			
	C T Corporation System				
	1200 South Pine Island Road		- 		
	Plantation	FL 33324	5 NOV 20		
6. The name at (if changed)	_	l agent (if changed) and /or registered office	PH		
	Corporation Service Company		-: 5	3.	
	1201 Hays Street			摄	
		x NOT acceptable			
	Tallahassee	FL 32301			
_		treet address of the business office of its regist		ent,	
authorized by	the board, or the corporation has bee	opted by its board of directors or by an officer in notified in writing of the change.			
	Dona Priebe, Vic			_	
I hereby accept further agree performance cagent. Or, if the hereby confirmation is the second accordance to the second a	of my duties, and I am tamiliar with a	Printed or typed name and title Int and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as reg oreflect a change in the registered office addre fied in writing of this change.	gistered ess, I		
• .	ica tokuble	November 12, 2015			
S	ignature of Registered Agent	Date		_	
If signing on b	pehalf of an entity:				
Grace E. Kirb	y, Asst. Vice President				
	Typed or Printed Name				

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