

F00000002221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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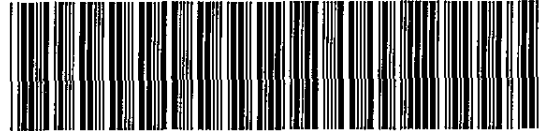
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32399

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 32399

*BA. Chong*

C. Coulllette OCT 25 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 664827 7212167

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 35.00

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ORDER DATE : October 21, 2005

ORDER TIME : 9:27 AM

ORDER NO. : 664827-050

CUSTOMER NO: 7212167  
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CHANGE OF AGENT

NAME: PENNSYLVANIA MANUFACTURERS  
INDEMNITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
2. The principal office address: The PMA Insurance Group, 380 Sentry Parkway, Blue Bell, PA 19422
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/17/2000 Document number: F00000002221

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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

Corporation Service Company  
1201 Hays Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

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.

Barbara L. Sutherland  
(Signature of an officer or director)

Barbara L. Sutherland, SVP & 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.*

Corporation Service Company  
By Sylvia Queppet  
(Signature of Registered Agent)

10/24/05  
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant VP  
(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