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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 571855

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 15, 2013

ORDER TIME : 4:54 PM

ORDER NO. : 571855-004

CUSTOMER NO: 7571079

CHANGE OF AGENT

NAME: AMERICAN PET INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this image is submitted for a corporation organized under the laws of the State of New York rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the comporation. AMERICAN PET INSURANCE COMPANY
2. The principal	the corporation: AMERICAN PET INSURANCE COMPANY office address: 3022 Broadway, Room 319, New York, NY 10027
3. The mailing a	address (if different): 5245 Shilshole Avenue NW, Seattle, WA 98107
4. Date of incorp	poration/qualification: 08/06/2001 Document number: F01000004145
5. The name and Florida Depar	street address of the current registered agent and registered office on file the the the the the the the the the th
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	Louis Charles Secretary Printed or typed name and title
I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. on Service Company
	mature of Registered Agent Date Date
	chalf of an entity:
	by, Assistant VP yped or Printed Name

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