FOI 000005244

(Rec	questor's Name)	
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(City	//State/Zip/Phon	e #)
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873451-058

Re: BROWN & BROWN OF MISSOURI, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive

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

QUCA.XCOA

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

statement of cha	nge is submitted for a corpe	oration organized under the laws of the State of MO	this
in orde	r to change its registered o <u>f</u>	fice or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: BROWN &	BROWN OF MISSOURI, INC.	
2. The principal	office address: Suite 200 9	666 Olive Blvd Olivette, MO 63132	

3. The mailing a	ddress (if different): 220 S.	Ridgewood Ave. Daytona 8each, FL 32114	
4. Date of incorp	poration/qualification: 10/0	8/2001 Document number: F01000005244	
	I street address of the currer tment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)	
	C T CORPORATION SYS	STEM	
	1200 SOUTH PINE ISLAN	ID ROAD	
	PLANTATION, FL 33324		<u> </u>
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered office	ALLABADA EL FECTIO.
	Corporation Service Comp	oany	<u></u>
	1201 Hays Street		<u>:</u>
		PO Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of its register	red ager
authorized by th	ie board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	O
(Sin & Comi to of an officer of director	Jill Cilmi, Vice President	
Signatu	fe of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provision my duties, and I am familia	red agent and agree to act in this capacity, ns of all statutes relative to the proper and complete ar with and accept the obligation of my position as regis nerely to reflect a change in the registered office addres sen notified in writing of this change.	stered is, I
By: Y) no	ce C-Kubl	09/16/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
Т	ped or Printed Name		

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