

F01000005258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

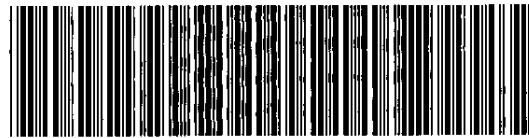
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2010 NOV 10 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

NOV 15 2010



910 Foulk Road, Suite 201, Wilmington DE 19803

Phone: 302-652-4800 • Fax: 302-652-6760

www.corpco.com • info@corpco.com

November 2, 2010

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: C & R Insurance Services, Inc.

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Statement of Change of Registered Office
- Check totaling \$35.00 to cover the filing fee

Please file this document and return the completed documents to my attention via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day!

Sincerely,

Christina M. Snow

Enclosures

**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: C & R INSURANCE SERVICES, INC.
2. The principal office address: 987 OLD EAGLE SCHOOL ROAD, SUITE 715
WAYNE, PA 19087
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-09-01 Document number: F01000005258
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AND
ARD, SHIRLEY / RUDOLPH, P.A.

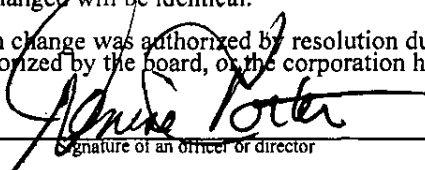
207 WEST PARK AVE., SUITE B

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

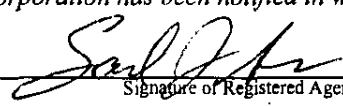
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

DENISE PORTER, VICE PRES.
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.


Signature of Registered Agent

Nov 8 2010
Date

If signing on behalf of an entity:

SAMUAL J. ARD
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
CR2E045 (8/05)