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P!CK-UP	☐ WAIT	MAIL				
· (Bu	ısiness Entity Naı	me)				
· . (Do	cument Number)	<u> </u>				
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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Office Use Only



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06/21/10--01030--022 \*\*35.00

TALLAHASSEE, FLORIDA

Rak Dah

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

statement of char	provisions of sections 60 nge is submitted for a c ge its registered office o	orporation organize	ed under the laws of	the State o	f <u>M</u>	his <b>aryland</b>		
1. The name of the	he corporation:	.F. & C. Insuran						
2. The principal of	office address:							
7400 York Road Suite 201		Towson	wson MD		21204			
3. The mailing ac	ddress (if different):							
4. Date of incorp	poration/qualification: 11/26/2001		Document numb	mber: <b>F0100</b> (		0006050		
5. The name and Florida Depart	street address of the cutment of State:	irrent registered agei	nt and registered off	ice on file	with the			
		Corporation Se	rvice Company	· ·				
•		1201 Hay	/s Street					
	Tailahassee		FL	32301-2525		· 🛁:	TA:	
6. The name and (if changed):	street address of the ne	ew registered agent (	if changed) and /or	registered o	office	JUN 21	LAHASS	
	Na	tional Corporate	Research, Ltd., In	ıc.	<u>.</u>	<b>=</b>	£47	
515 East Park Avenue								
	(P.O. Box NOT a		• •	•		£.	FLORIDA	
		assee	Florida	3230	•			
The street address as changed will	ss of its registered offi be identical.	ce and the street ad	dress of the busine	ss office o	f its register	red agent,		
Such change wa authorized by th	s authorized by resolu e board, or the corpora	tion duly adopted bation has been notif	y its board of directied in writing of th	tors or by e change.	an officer s	0		
Kail	in A. Du	leb	Kathy	A. Butle	r Pov	wer of Attorn	ney	
I hereby accept to I further agree to of my duties, and document is being	ignature of an officer or director the appointment as reg o comply with the prov d I am familiar with a ng filed merely to refle been notified in writin	gistered agent and a visions of all statute nd accept the obliga ct a change in the r	es relative to the pr ution of my position registered office ad	capacity. oper and c i as registe dress, I he	oed name and tit complete per cred agent. reby confire	,		
	Signature of Registered Agent		(Date)					
If signing on bel	nalf of an entity:	•						
Nationa	al Corporate Rese	arch, Ltd.						
	(Typed or Printed Name)							

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