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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: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 8, 2019

Order#: 725385-067

Re: S. F. & C. INSURANCE ASSOCIATES, 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: Lindsey Baronie 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.

OUCA. XCOA

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

statement of cha	unge is submitted for a corpord	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of CA	
		e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: S. F. & C. INS	SURANCE ASSOCIATES, INC.	
2. The principal	office address: 10075 RED R	UN BLVD., SUITE 550, OWINGS MILLS, MD 21117	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/26/2	2001 Document number: F01000006050	
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with the iter resigned)	
	COGENCY GLOBAL INC.		
	115 North Calhoun St., Suite	4	
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered office	3
	Corporation Service Compar	ny 3	記号 5分
	1201 Hays Street	, , , , , , , , , , , , , , , , , , ,	
	Tallahassee	PO Box NOT acceptable .2 FL 32301	
	Tallanassee	FL 32301	A A A A A A A A
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent.	SIATIONS
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	7.
X	ie E. agni	Jill Cilmi, Vice President	
()	e of an officer or director	Printed or typed name and title	
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions "my duties, and I am familiar is document is being filed mer	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address. I a notified in writing of this change.	
By: Dra	ce Chuble	04/26/2019	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	Assistant Vice President	<u></u>	
.].	yped or Printed Name		

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