(Requestor's Name)	
(Address)	800322054478
(Address) (City/State/Zip/Phone #)	
	12/20/1801821012 **35.00
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	TALLAND DEC
Special Instructions to Filing Officer:	EC 20 PM MSSLEP PLED
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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: Ami Casper ami.casper@cscglobal.com

Date: December 18, 2018

Order#: 539710-150

Re: WILLIS INSURANCE SERVICES OF GEORGIA, INC.

Enclosed please find:

 $\frac{XX}{XX}$  Change of Registered Agent and Office.  $\frac{XX}{XX}$  Check in the amount of \$35.

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: Ami Casper 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

*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 <u>Georgia</u> <i>in order to change its registered office or registered agent, or both, in the State of Florida.* 

1. The name of the corporation: <u>WILLIS INSURANCE SERVICES OF GEORGIA, INC.</u>

2. The principal office address: Five Councourse Parkway, Suite 1800, Atlanta, GA 30328

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 12/04/2002 Document number: F02000006010
- 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 Rod				18	
	Plantation	FL	33324		DEC	-11
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of			office	20 PH	17
	Corporation Service Company				5: 58	
	1201 Hays Street				-	
	P.O. Box_NOF 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.

Jie & agnie	Jill Cilmi, Vice President
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agen I surply agree to comply with the provisions of all performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi Corporation Service Company By:	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I ed in writing of this change. 12/17/2018
Signature of Registered Agent	Date
If signing on behalf of an entity: Ami M. Casper, Asst. Vice President	
Typed or Printed Name	
* * * FILING	FEE: \$35.00 * * *
MAKE CHECKS PAYARLE TO	FLORIDA DEPARTMENT OF STATE

MARE CHECKS FAY ABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (CR2E045 (03/12)