

F03000002934

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 538796 7734675

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 19, 2013

ORDER TIME : 2:26 PM

ORDER NO. : 538796-002

CUSTOMER NO: 7734675

CHANGE OF AGENT

NAME: CAROUSEL INSURANCE SERVICES,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2013

CSC  
SUSIE KNIGHT

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: CAROUSEL INSURANCE SERVICES, INC.  
Ref. Number: F03000002934

We have received your document for CAROUSEL INSURANCE SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Maureen Cathell sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 113A00004251

RECEIVED  
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DIVISION OF CORPORATIONS  
2013 FEB 27 AM 10:52  
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**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 California \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAROUSEL INSURANCE SERVICES, INC.
2. The principal office address: 14 Bunsen, 2nd Floor, Irvine, CA 92618
3. The mailing address (if different): PO BOX 1510, Lake Forest, CA 92609
4. Date of incorporation/qualification: 06/10/2003 Document number: F03000002934
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

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

Corporation Service Company

1201 Hays Street

P O Box NOT acceptable

Tallahassee, FL 32301

13 FEB 27 PM 12:11  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

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.

Maureen Cathell  
Signature of an officer or director

Maureen Cathell, Vice President

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.*

**Corporation Service Company**

By: April Hudson  
Signature of Registered Agent

02/19/2013

Date

If signing on behalf of an entity:

April Hudson, Asst. V.P.

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