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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailinge. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE VN & BROWN LONE STAR INSURANCE SERVICES, INC. Certificate of Status Certified Copy Ü Page Count 03

CT CORPORATION

Estimated Charge

PAAR 2 0 2012

C. MUSTAIN

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/20/2012

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\$35.00

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COVER LETTER

SUBJECT:	Brown & Brown Lone Star Ins	urance Services, Inc.	
DODGEO1	Name of Co	proration	
DOCUMENT NUMBER:F03000005022			
	tement of Change of Registered Office	Agent and fee are submitted for filing	
	correspondence concerning this matter	_	
		•	
	Name of Con	act Person	
	· · · · · · · · · · · · · · · · · · ·		
	Firm/Con		
•	ring/Con	прилу	
	Addie	155	
	City/State and	Zip Code	
_	pbriand@bbinsl	_	
	E-mail address: (to be used for fut	ure annual report notification)	
For further inform	ation concerning this matter, please cal	ı.	
	-		
Nar	me of Contact Person	at () Area Code & Daytime Telephone	
Englosed is a \$35 0	0 check made payable to the Departme	ent of State	
	o ollook made payable to the Departm	in or succ,	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	
		·	

03\50\5015 03:60 8626336095

PAGE 02/03

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

i The nume (of the comparations	Brown &	Brown Lone Star Insurance S	ervices, Inc.	
1. The name of the corporation: 2. The principal office address: 3201 CHERRY RIDGE DR SUITE D405 SAN ANTONIO TX 78230					
3. The mailing	address (if different):				
4. Date of inco	prporation/qualification: 10	,	Document number:		
	nd street address of the current re artment of State: (If resigned, en		and registered office on file	一年のる	
	CORPORATION SERVICE C	OMPANY		MARIA AND A	
	1201 HAYS STREET			海ご2	
	TALLAHASSEE PL 32301-25	25			
5. The name ar (if changed)	nd street address of the new regis C T Corporation System	stered agent (if	changed) and for registered	office 2:30	
	c/o C T Corporation System, 12	00 South Pine	Island Road		
		O. Box NOT acce		- -	
	Plantation, Florida 33324	····			
he street addi s changed wil	ress of its registered office and to be identical.	the street addi	eas of the business office o	f its registered agent,	
uch change w	as authorized by resolution dul he board, or the corporation ha	y adopted by s been notifie	its board of directors or by d in writing of the change.	an officer so	
annonizada oy i	X-Bold		Kristin Bolden, Se		
K-W			tarined of typed pame at	XI IIUE	
K-W/		agent and ag of all statutes of the obligation onge in the reg s change.			
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PLOUG - 07/23/2009 C T System Online