

FD3000005597

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) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**REGISTERED AGENT CHANGE
AMERICAN SENTINEL INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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2016-09-14 14:09:35 CST

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN SENTINEL INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: F03000005597

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tammy Tofteroo

Name of Contact Person

C T Corporation System

Firm/Company

3 Winners Circle, Suite 301

Address

Albany, NY 12205

City/State and Zip Code

dbarkman@aegisfirst.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Tofteroo

at (844) 477-4098

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN SENTINEL INSURANCE COMPANY
2. The principal office address: 2407 PARK DRIVE HARRISBURG, PA 17110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/06/2003 Document number: F03000005597
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)
NRAI SERVICES, INC
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):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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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.

Kimberly Steinmetz _____
 Signature of an officer or director Printed or typed name and title
 Kimberly Steinmetz, Vice President

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.

By: Jenifer Vincent _____
 Signature of Registered Agent Date
 C T Corporation System
 09/14/2016

If signing on behalf of an entity:

Jenifer Vincent, Vice President/Assl. Secretary
 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
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