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Office Use Only



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REPLECTIVE STATE

MAR 2 4 2016 C. CARROTHERS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 073629 4320891

AUTHORIZATION Expelle Censor

COST LIMIT : \$-35.00

ORDER DATE: March 22, 2016

ORDER TIME : 4:02 PM

ORDER NO. : 073629-015

CUSTOMER NO: 4320891

CHANGE OF AGENT

NAME: INSURANCE SERVICES OFFICE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

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

	provisions of sections 607.05 inge is submitted for a corpor				
-	mge is submitted for a corpor r to change its registered offi	-	•		
	the corporation: INSURANCE		•		
I. The name of t	the corporation:	GTON BLVD JERSEY	CITY N I 07310-1680	 6	—
2. The principal	office address: 545 WASHIN	OTON BEVD, SENSET	C11 1, 113 070 10 10 00		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 05/14/	2004 Docum	nent number: F04000	002812	<u> </u>
	I street address of the current tment of State: (If resigned, e		istered office on file w	vith the	
	ELI STERN			_	
	2136 BLACK LAKE BLVD			_	
	WINTER GARDEN		FL	2	
6. The name and (if changed):	street address of the new reg	istered agent (if change	d) and /or registered of	芸門 希	
	Corporation Service Compa	ny		23 ARY 88EI	
	1201 Hays Street			AH II	
•	Tallahassee	P.O. Box NOT acceptable	FL 32301	IO: 20 STATE LORIDA	
The street addre as changed will	ss of its registered office and be identical.	I the street address of th	e business office of it	ts registered agent,	
Such change wa	s authorized by resolution due board, or the corporation h	ily adopted by its board as been notified in writ	of directors or by an ing of the change.	officer so	
Summer		Kenn	Deserted or type of women and tot	mpson, Secr	Hara
I hereby accept a I further agree to performance of a agent. Or, if this hereby confirm to Corporation By:	the appointment as registere, o comply with the provisions my duties, and I am familiar s document is being filed me that the corporation has been Sarvice Company	d agent and agree to ac of all statutes relative with and accept the ob- rely to reflect a change n notified in writing of t	et in this capacity. to the proper and con- ligation of my position in the registered offici- this change. Date	•	l
	nalf of an entity: Ourtney Williams of Vice President ped or Printed Name				

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

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