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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE YATES INSURANCE AGENCY, INC.

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1506 ange is submitted for a corporation organized under ar to change its registered office or registered agent,	the laws of the State of Georgia		
1. The name of	the corporation: Yates Insurance Agency, Inc.			
2. The principal	2. The principal office address: 2800 Century Parkway NE Suite 300, Atlanta, Georgia 30345			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 8/19/2004 Docu	ment number: F04000004766		
5. The name an Florida Depa	d street address of the current registered agent and re runent of State: (If resigned, enter resigned)	gistered office on file with the		
	NRAI SERVICES, INC.			
	1200 South Pine Island Road		_	=1.0
	Plantation, FL 33324		14 S	ALLI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		SEP 23	HASSE	
	Business Filings Incorporated		PH9	سا آسار
	515 E. Park Avenue		$\vec{\Sigma}$	LORID
	P.O. Box NOT acceptable		5	RIDA
	Tullahassee, Florida 32301			
The street address changed will	ess of its registered office and the street address of a be identical.	the business office of its registered agent.		
Such change wanthorized by the	as authorized by resolution duly adopted by its board, or the corporation has been notified in wr	d of directors or by an officer so tring of the change.		
List	my Should Lated in Presley Das	niel Yates, III, President Promed or typed name and title		
•	ne of an officer or director			
I hereby accept I further agree performatice of agent. Or, if th hereby confirm	the appointment as registered agent and agree to a to comply with the provisions of all statutes relative Tury duties, and I am familiar with and accept the o is document is being filed merely to reflect a chang that the corporation has been notified in writing of	ict in this capacity. It is the proper and complete bligation of my position as registered in the registered office address, I this change.		
Mall		of June, 2014		
Ste	mature of Registered Agent	Date		
If signing on be	half of an entity:			
Mark Williams, A	AVP			
T	yped or Printed Name			
	* * * FILING FEE: \$35.00 *	: w w		
М	MAKE CHECKS PAYABLE TO FLORIDA DEPA AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 632	rtment of State 7, Tallahassee, FL 32314		

P.002/002

CR2E045 (03/12)