

F050000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

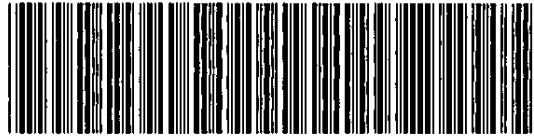
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TALLAHASSEE, FLORIDA

R0/chg
@ 9/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSCO Insurance Services, Inc
Name of Corporation

DOCUMENT NUMBER: F05000000900

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:

Lisa Brass
Name of Contact Person

INSCO Insurance Services, Inc
Firm/Company

17780 Fitch, Suite 200
Address

Irvine, CA 92614
City/State and Zip Code

regulatory@inscodico.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Brass at (800) 782-1546 x383
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

**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: INSCO Insurance Services, Inc
2. The principal office address: 17780 Fitch, Suite 200, Irvine, CA 92614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/14/05 Document number: F05000000900
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)

Steve Murray

100 First Avenue South, Suite 281

St. Petersburg, FL 33701

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

Steve Murray

33 6th Street South, Suite 205

P.O. Box NOT acceptable

St. Petersburg, FL 33701

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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.

David L Kerrigan
Signature of an officer or director

David Kerrigan, Exec 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.

Stephen A. Murray
Signature of Registered Agent

9/8/09
Date

If signing on behalf of an entity:

Stephen A. Murray
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