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(City/State/Zip/Phone #)		
PICK-UP WA	AIT MAIL	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: June 19, 2019

Order#: 776569-170

Re: PROFESSIONAL SOLUTIONS INSURANCE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida State or poration organized under the laws of the State of IA	
	***	d office or registered agent, or both, in the State of Flori	
I. The name of	the corporation:	NIVERSITY AVENUE CLIVE IA 50325	<del></del>
2. The principal	office address:	NIVERSITY AVENUE CLIVE, IA 50325	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 0	3/15/2006 Document number: F060000016	885
	d street address of the cur rtment of State: (If resign	rrent registered agent and registered office on file with the	he
	NRAI SERVICES, INC		in 🚤
	1200 South Pine Island Road		T IL
	Plantation, FL 33324	٠ ١ ١	N2
6. The name and (if changed):		ت w registered agent (if changed) and /or registered office المارة على المارة	רו פריםיו
	Corporation Service Co	ompany (分	5 <del></del>
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street address changed will	ess of its registered offic	te and the street address of the business office of its reg	gistered agent,
Such change wauthorized by the	as authorized by resoluti he board, or the corporat	on duly adopted by its board of directors or by an officion has been notified in writing of the change.	er so
Jill Cilmi, Vice President			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provi	Printed or typed name and title istered agent and agree to act in this capacity, isions of all statutes relative to the proper and complet ailiar with and accept the obligation of my position as and merely to reflect a change in the registered office and sheen notified in writing of this change.	e registered ldress, I
BA: Now	mature of Registered Admit	06/06/2019 Date	
If signing on be	chalf of an entity:		
Grace E. Kirby	, Assistant Vice Presider	nt	
	Sped or Printed Name	<del></del>	

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