

F06000002425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

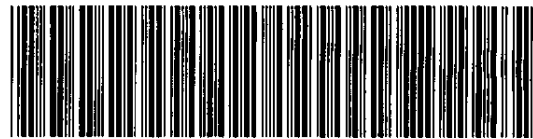
(Business Entity Name)

(Document Number)

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10 JUL 19 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2010

CYNTHIA BRANDT
CHURCH MUTUAL INSURANCE COMPANY
3000 SCHUSTER LANE
MERRILL, WI 54452

SUBJECT: CMIC SPECIALTY SERVICES, INC.
Ref. Number: F06000002425

RECEIVED
2010 JUL 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CMIC SPECIALTY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00016463

7/15/10

Please see attached
signed original.

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMIC Specialty Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000002425

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:

Cynthia Brandt
Name of Contact Person

Church Mutual Insurance Company
Firm/Company

3000 Schuster Lane
Address

Merrill, WI 54452
City/State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Brandt at (715) 536-5577
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. → *Enclosed with 6/22/10 filing.*

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

1. The name of the corporation: CMIC Specialty Services, Inc.
2. The principal office address: 3000 Schuster Lane, Merrill, WI 54452
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-17-06 Document number: F06000002425
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)

Scheer, Letty (Leticia)

5638 Long Grove Court

Orlando, FL 32810

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

Smith, Barbara R.

2211 Morningside Drive

P.O. Box NOT acceptable

Clearwater, FL 33764

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.

Herman W. Vandenberg
Signature of an officer or director

Herman W. Vandenberg, Treasurer
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.

Barbara R. Smith
Signature of Registered Agent

7/15/2010
Date

If signing on behalf of an entity:

Barbara R. Smith
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
CR2E045 (8/05)

FILED
10 JUL 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA