

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C 'T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

; (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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REGISTERED AGENT CHANGE BROWN & BROWN OF ARKANSAS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/20/2012

CT CORPORATION

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COVER LETTER

TO: Amendment Se Division of Cor	ction porations	
SUBJECT:	Brown & Brown of A	rkansas, Inc.
	Name of Co	orporation
DOCUMENT NUMBI	ER:	000002443
The enclosed Statement		Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
<u> </u>		
	Name of Con	tact rerson
<u> </u>	Firm/Cor	npany
		·
• ••••••	Addre	ess
-	City/State and	Zip Code
	pbriand@bbins	_
E-ma	il address: (to be used for fut	ure annual report notification)
For further information o	oncerning this matter, please ca	II:
		ar () Area Code & Daytime Telephone Numb
Name of (Contact Person	Area Code & Daytime Telephone Numb
Inclosed is a \$35.00 chec	ek made payable to the Departm	ent of State.
<u>N</u>	Aniling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
P	O. Box 6327	Clifton Building
T	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

₽4GE 02/03

CR2E045 (8/05)

PL006 - 01/23/2009 C T System Called

CT CORPORATION

03/20/2012 03:63 8656336092

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the State	e of Arkensas		
I. The name of the corporation: Brown & Brown of Arkansas, Inc.						
2. The principa	l office address: 2120 RIV CK AR 72202	ERFRONT DRIVE	SUITE 200			
3. The mailing	address (if different):			- 1/0 - 1/0		
4. Date of incor	poration/qualification:	04/18/2006	Document number:	F06000002443		
5. The name an Florida Depa	rtment of State: (If resigne	d, enter resigned)	nt and registered office on fi	le with the		
	CORPORATION SERVI	CE COMPANY		MAR.		
	1201 HAYS STREET		•	— 20		
	TALLAHASSEE FL 323	01-2525		PH PH		
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registere	d office \$3. ?.		
	C T Corporation System					
	c/o C T Corporation Syste	m, 1200 South Pin	e Island Roed			
	Discouries Charles 33304	P.O. Box NOT a	coeptable	•		
	Plantation, Florida 33324	**				
			dress of the business office			
Such change we authorized by the	as authorized by resolutione board, or the corporati	on duly adopted b on has been notif	y its board of directors or b led in writing of the change	by an officer so		
V ANCE Of Knight Bolden Secreture		Secretary				
	A Mt Mis MildAm As assaults					
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regis to comply with the provis of I am familiar with and ng filed merely to reflect been notified in writing	tered agent and to jons of all statute accept the obligate a change in the ro of this change.	ngree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I i	i complete performance stered agent. Or, if this hereby confirm that the		
·	Corporation System	1.0	3/1/201			
	nature of Registe of Agent	***J	Dale			
Α	mes M. Halpin ssistant Secretary	 -				
1)	pad ar Printod Nume # #	• Filing Fee:	\$35,00 * * *			
M/ CR2E045 (8/05)	MAKE CHECKS PA	YABLE TO FLORE	DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE,	3 FL 32314		

CT CORPORATION 2609889998 03/S0/S015 06:53

FL006 - 07/33/3009 C T System Quilles