F06000002443

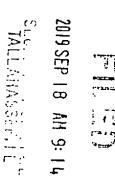
(Degreeteds Name)				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(according to the control of the con				
(Document Number)				
(Bocament Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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09/18/19--010/1--017 **35.00







CSC - WILMINGTON 251 Little Falls-Drive " Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Sorava Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 17, 2019

Orders: 873448-217

Be: BROWN & BROWN OF ARKANSAS, INC.

Enclosed please find:

XX Change of Registered Agent and Office. Check in the amount of \$35.00.

Please take the following action:

XX Pile in your office on a routine basis.

XX ___ Issue Proof of Filing.

Please return evidence to the following:

Attn: Soraya Sariaslani

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.

OUCA . XCOA

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

statement of cha	mge is submitted for a corporati	, 617.0502, 607.1508. or 617.1508, Florida Statutes, tl ion organized under the laws of the State of <mark>AR</mark> or registered agent, or both, in the State of Florida.	nis ———
1. The name of	the corporation: BROWN & BRO	OWN OF ARKANSAS, INC.	
		Drive Suite 200 Little Rock, AR 72202	
	200 0 10:4	- Dentary Dentary District 20444	
3. The mailing a	address (if different): 220 S. Rid	gewood Ave. Daytona Beach, FL 32114	
4. Date of incor	poration/qualification: 04/18/20	Document number: F06000002443	
	f street address of the current regiment of State: (If resigned, enti-	gistered agent and registered office on file with the er resigned)	
	C T CORPORATION SYSTEM	Λ	
	1200 SOUTH PINE ISLAND R	OAD	
	PLANTATION, FL 33324	Sec.	2019:
6. The name and (if changed):	l street address of the new regist	ered agent (if changed) and /or registered office	2019 SEP 18
	Corporation Service Company		AH S
	1201 Hays Street		9-1-6-
	Tallahassee) Box NOFacceptable FL 32301	_
		· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registered	d agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
•	Sia E. Cienia	Jill Cilmi, Vice President	
Signatur	fe) I an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merei	agent and agree to act in this capacity. I all statutes relative to the proper and complete ith and accept the obligation of my position as registe ly to reflect a change in the registered office address, iotified in writing of this change.	rred I
By: $\chi \gamma_{m}$	nature of Registered Agent	09/13/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
Ty	ped or Printed Name	_	

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