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(((H170001301263)))



H170001301263ABCV

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (51

Fax Number

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MAY 12 28

R. WHILL

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HAY II PM 4: 58

## REGISTERED AGENT CHANGE PPI PET INSURANCE AGENCY, INC.

Certificate of Status	0
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Page Count	03
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TO: Amendment Section

## **COVER LETTER**

Division	of Corporations	
SUBJECT: PPI	PET INSURANCE AGENCY, INC.	
	Name of Corp	oration
DOCUMENT N	F06000003193	
The enclosed Sta	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Name of Contac	et Person
	C T Corporation	
	Finn/Comp	any
	Address	
	City/State and 2	Cip Code
	E-mail address: (to be used for futu	re annual report notification)
For further infor	mation concerning this matter, please call	:
N	lame of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Departme	nt 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

CR2E045 (03/12)

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute tange is submitted for a corporation organized under the laws of the State of DE	s, this	
•	ler to change its registered office or registered agent, or both, in the State of Florida		
1. The name of	f the corporation: PPI PET INSURANCE AGENCY, INC.		
2. The princips	al office address: 8051 Arco Corporate Dr., Suite 350		
3. The mailing	address (if different):		
4. Date of inco	incorporation/qualification: 5/1/2006 Document number: F06000003193		
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	1201 HAYS STREET	ند	
	TALLAHASSEE, FL 32301-2525		17 ES
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	els A	A STATE OF THE STA
	C T Corporation System	• • •	ďΘ
	c/o C T Corporation System, 1200 South Pine Island Road	, "!!"	
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
	ress of its registered office and the street address of the business office of its regist I be identical.		ıt,
authorized by	vas authorized by resolution duly adopted by its board of directors or by an officer he foard, or the corporation has been notified in writing of the change.	SO	
Signal	Leslie Martin - Vice President  ture of an officer or director  Printed or typed name and little		
I hereby accep I further agree performance o agent. Or, if th	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as reg his document is being filed merely to reflect a change in the registered office addr h that the corporation has been notified in writing of this change.	gistered ess, I	
C T Co	rporation System		
	gnature of Registered Agent Date		
lf signing on b	ehalf of an entity: Cristina Lam Assistant Secretary		
,	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 (03/12)