F0600 005 703

(Re	equestor's Name)		
(Ac	idress)	<u></u>	
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
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Special Instructions to Filing Officer:			

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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: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873452-106

Re: BROWN & BROWN OF WISCONSIN, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: 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.

QUCA.XCOA

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

statement of cha	inge is submitted for a corpo	9502,617.0502,607.1508, or $617.1508,$ Florida 2 oration organized under the laws of the State of 2	WI	
		ffice or registered agent, or both, in the State of I	Florida.	
		BROWN OF WISCONSIN, INC.		
2. The principal	office address: 1062 Oak F	orest Dr. Suite 120 Onalaska, WI 54650		
3. The mailing a	address (if different): 220 S.	Ridgewood Ave. Daytona Beach, FL 32114		
4. Date of incorp	poration/qualification: 09/0	1/2006 Document number: F060000	005703	
5. The name and		nt registered agent and registered office on file wi		
	C T CORPORATION SYS	STEM		
	1200 SOUTH PINE ISLAN	ND ROAD		
	PLANTATION. FL 33324		2019 Seic TA	
6. The name and (if changed):	l street address of the new ro	egistered agent (if changed) and /or registered of	⊅** ∞	* ************************************
	Corporation Service Comp	pany	AH	<u>.</u> .
	1201 Hays Street		AH 8:45	2
	Tallahassee	PO Box NOFacceptable FL 32301	; 01	
	- I alianassee			
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of its	s registered agent	ι.
		duly adopted by its board of directors or by an or has been notified in writing of the change.	officer so	
(Zie E agni	Jill Cilmi, Vice President		
Signatur	fe of an officer or director	Printed or typed name and titl	e	
I further agree t performance of agent, Or, if thi hereby confirm	to comply with the provision my duties, and I am familia is document is being filed n	red agent and agree to act in this capacity, ons of all statutes relative to the proper and com ar with and accept the obligation of my position nerely to reflect a change in the registered office an integral of this change.	plete as registered e address, l	
By: Yrc	nature of Registered Agent	09/16/2019		
Sigi	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ty	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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