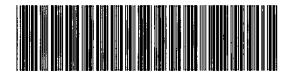
F06000005951

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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02/10/14--01045--008 **10.00

01/21/14--01046--010 **25.00

RAChang 02-11-14



January 29, 2014

ATTN: ELIZABETH DAWSON C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: PLACER INSURANCE AGENCY, INC.

Ref. Number: F06000005951

We have received your document for PLACER INSURANCE AGENCY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00. Affactive

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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 014A00001926



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: January 17, 2014

Order#: 939765-383

Re: PREMIER AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of <u>lowa</u> red agent, or both, in the State of Florida.	
1. The name of t	the corporation: PLACER INSURANCE	CE AGENCY, INC.	
2. The principal	office address: 1100 Locust Street, I	Des Moines, IA 50391-1100	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/14/2006	Document number: F06000005951	
	I street address of the current registered agement of State: (If resigned, enter resigned	, .	
	C T Corporation System		
	c/o CT Corporation System, 1200) South Pine Island Road	
	Plantation, FL 33324		. ^
6. The name and street address of the new registered agent (if changed) and /or registered office:			-
	Corporation Service Company	2.5 Mg	
	1201 Hays Street		ڊب
	P.O. Box NOT a Tallahassee, FL 32301	icceptable	2 8
	ess of its registered office and the street a be identical.	ddress of the business office of its registered about the business of the business of the state of the business of the business of the change.	agent,
()04		Dona Priebe, Vice President	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and o comply with the provisions of all status my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in Service Company		ed
By: Elizabeth	Aban- nature of Registered Agent	01/14/2014 Date	
	half of an entity:		
Elizabeth A.	Dawson, Asst. 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 * * *