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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RA/RO/Ch8



ACCOUNT NO. : 12000000195

REFERENCE: 475130 7699793

AUTHORIZATION

ORDER DATE: December 27, 2012

ORDER TIME : 4:10 PM

ORDER NO. : 475130-096

CUSTOMER NO: 7699793

CHANGE OF AGENT

NAME:

LEAVITT RECREATION &

HOSPITALITY INSURANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

Pursuant to the	provisions of sections 607.0502, 617.050	02, 607.1508, or 617.1508, Florida.Statutes, th	us	
statement of cha	ange is submitted for a corporation organ	nized under the laws of the State of		_
CO in orde	r to change its registered office or regist	ered agent, or both, in the State of Florida.		
1. The name of	inc corporation.	HOSPITALITY INSURANCE, INC.		
2. The principal Sturgis, S	office address: 1001 Lazelle Street		- <u>-</u>	
		don Cit : LLT 04704		
3. The mailing a	address (if different): Po Box 130, Ce	uai City 01 64721		
4. Date of incorporation/qualification: 01/30/2007 Document number: F07000				
	d street address of the current registered attended of State: (If resigned, enter resigned	agent and registered office on file with the ed)		
	Paracorp Incorporated			
	236 East 6th Avenue			
	Tallahassee FL 32303			ر <u></u>
 The name and street address of the new registered agent (if changed) and /or registered off (if changed): 		nt (if changed) and /or registered office	13 JAN	MOISTAN DATE:
	Corporation Service Company		-	30 40 ASW
1201 Hays Street			is ⊞	표 다
P.O. Box NOT acceptable Tallahassee, FL 32301		acceptable	1.	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	d age	nt,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.		
Maureen Cathell, Vice President Printed or typed pame and tiffe			_	
I further agree performance of agent. Or, if th hereby confirm	my duties, and I am familiar with and a	d agree to act in this capacity. It is relative to the proper and complete occept the obligation of my position as registe ect a change in the registered office address, in writing of this change.	ered I	
By: 12/26/2012				_
	nature of Registered Agent half of an entity:	Date		
	by, Assistant V.P.			
	yped or Printed Name			

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