Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ONPOINT UNDERWRITING, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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07-22-13

7/22/2013

COVER LETTER

	of Corporations				
ONPO	OINT UNDERWRITING, INC.	•			
Name of Corporation					
DOCUMENT N	F07000002788 UMBER:				
The enclosed Stat	tement of Change of Registered Office.	Agent and fee are submitted for filing.			
	correspondence concerning this matter				
	Name of Con-	tact Person			
	Firm/Coi	mpany			
	Addr	ess			
	City/State and	d Zip Code			
	E-mail address: (to be used for fu	ture annual report notification)			
For further infor	mation concerning this matter, please c				
N	lame of Contact Person	at () Area Code & Daytime Telephone Number			
	5.00 check made payable to the Departs	•			
	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

statement of c	change is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida S tion organized under the laws of the State of ${ t I}$ tor registered agent, or both, in the State of F	Delaware	
I. The name of	of the corporation: ONPOINT UND	DERWRITING, INC.		
2. The princip	pal office address: SIX CONCOUR	SE PKWY, SUITE 2300, ATLANTA, GA 30328	8	
3. The mailin	g address (if different): SIX CONC	COURSE PKWY, SUITE 2300, ATLANTA, GA	30328	
4. Date of inc	corporation/qualification: 05/25/20	Document number: F0700000)2788	•••
	and street address of the current re partment of State: (If resigned, en	egistered agent and registered office on file wi ter resigned)	ith the	
	NRAI SERVICES, INC.			
	1200 South Pine Island Road			
	Plantation, FL 33324		26 3	
6. The name (if change		stered agent (if changed) and /or registered of	URE TA	1
	C T Corporation System		25.5	ALE AL
	c/o C T Corporation System, 12	:00 South Pine Island Road		giran.
		O. Box NOT acceptable	STA	Carried Street
	Plantation, Florida 33324		· 京郡 -	
The street ac as changed v	ldress of its registered office and will be identical.	the street address of the business office of it	s registered agen	t,
Such change authorized b	was authorized by resolution du y the board, or the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	officer so	
F1	W Boll	Kristin Bolden, Vice President		
I hereby acc I further agr performance agent. Or, i hereby confi	public of an officer of director ept the appointment as registered ee to comply with the provisions e of my duties, and I am familiar of this document is being filed mer frm that the corporation has been	d agent and agree to act in this capacity, of all statutes relative to the proper and con with and accept the obligation of my position rely to reflect a change in the registered office notified in writing of this change.	nplete n as registered	
By:	Corporation System	7/17/2013		
	Signature of Registered Agent	Date		
If signing or	behalf of an entity:			
Samantha Jo	nes, Asst. Secretary	<u> </u>		
	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 CR2ED45 (03/12)