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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**FIDELITY & GUARANTY LIFE INSURANCE AGENCY, INC.**

S TALLFEN  
JUL 20 2020

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**FAX COVER SHEET**

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TO

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COMPANY

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FAX NUMBER 18506176380

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FROM James Tanks III

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DATE 2020-07-15 07:58:01 CST

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RE Order# 13118052 SO FIDELITY & GUARANTY LIFE  
INSURANCE AGENCY, INC.- line#175

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**COVER MESSAGE**

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James H Tanks III  
Global Fulfillment Coordinator  
CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)  
[james.tanks@wolterskluwer.com](mailto:james.tanks@wolterskluwer.com)



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MD in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIDELITY & GUARANTY LIFE INSURANCE AGENCY, INC.
2. The principal office address: 1001 FLEET STREET, 6TH FLOOR BALTIMORE, MD 21202

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/18/2007 Document number: F07000003080

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COGENCY GLOBAL INC.

115 N CALHOUN ST STE 4, TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tessa Cantonwine  
Signature of an officer or director

Tessa Cantonwine, Assistant Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By:

Alfred Younan  
Signature of Registered Agent

7/14/2020

Date

If signing on behalf of a 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 (04/13)