F07000003588

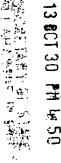
(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Z	p/Phone #)	
PICK-UP W	/AIT MAIL	
(Business Entity Name)		
(Document)	Number)	
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Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Off	icer:	
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Office Use Only



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PACH. 13



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 28, 2013

Order#: 846294-040

Re: APPALACHIAN UNDERWRITERS, INC.

Enclosed please find:

XX 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: Evelyn Wright

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

	•	617.0502, 607.1508, or 617.1508, Florida $_{\circ}$ or ganized under the laws of the State of	
in orde	r to change its registered office o	r registered agent, or both, in the State of i	Florida.
1. The name of t	he corporation: APPALACHIAN I	UNDERWRITERS INC	
2. The principal	office address: 800 Oak Ridge T	urnpike, Suite A-1000, Oak Ridge TN 378	330
		- Procedure and the second sec	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/16/200	Document number: F070000	003588
	I street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on file w resigned)	ith the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		3 6 1
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered of	fice 30
	Corporation Service Company		- T
	1201 Hays Street		5
P.O. Box NOT acceptable		••	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of it	s registered agent,
Such change was authorized by the	as authorized by resolution duly a be board, or the corporation has be	adopted by its board of directors or by an been notified in writing of the change.	officer so
026		Dona Priebe, Vice President	
Signatu	ic of an officer or director	Printed or typed name and tit	le
I further agree a performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic otified in writing of this change.	iplete i as registered ce address, I
By: Min	· 2-Kubi	October 17, 2013	
_	nature of Registered Agent	Date	
	half of an entity:		
Grace E. Kirby,	Assistant VP	_	
l'	rpeaka riinta (Mille		

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