F07000003943

Office Use Only



500159842925

09 AUG 24 AM IO: 43

RECEIVED

OF AUG 24 PHIZ: 13

R.A. Charge C.COULLIETTE

AUG 24 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 093226

AUTHORIZATION

COST LIMIT

ORDER DATE: August 11, 2009

ORDER TIME : 10:11 AM

ORDER NO. : 093226-244

CUSTOMER NO: 7408659

CHANGE OF AGENT

NAME:

KELTER ALLIANT INSURANCE

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Michig cred agent, or both, in the State of Florida.	
1. The name of t	the corporation: KELTER-ALLIAN	NT INSURANCE SERVICES, IN	1C.
2. The principal	office address:	•	
101 South	nfield Road, Birmingham, MI	18009	
_	eet, 6th Floor, San Diego, CA	92101	
4. Date of incorp	poration/qualification: 08/06/2007	Document number: F07000039	43
	d street address of the current registered agreement of State:	gent and registered office on file with the	
	NRAI Services, Inc.		a. *. ware
2731 Executive Park Drive, S		nite 4	09 09
	Weston, FL 33331		200
6. The name and (if changed):	Corporation Service Company		OS AUG 24 PH 12: 13
	1201 Hays Street (P.O. Box NOT acceptable)	<u> </u>	÷រាំ,
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its registe	ered agent,
Such change we authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer tified in writing of the change.	so
Man	son Cullan	Maureen Cullen, Attorney in fa	.ct
I hereby accept I further agree to of my duties, an document is bei corporation has	id I am tamiliar with and accept the obli	utes relative to the proper and complete pe igation of my position as registered agent. e registered office address. I hereby confi	Or. II this
BHYCLE	Lille K. Vannois	August 18, 2009	
	gnature of Registered Agent)	(Date)	
	chalf of an entity:		
	Vannoy, Asst. VP Typed or Printed Name)		
·	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)