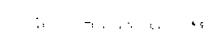
## F07 000005054

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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OCT 02 2019 S. YOUNG SECHELLANASSEC, FLURIDA



CSC - WTEMINGTON 251 Little Falls Drive \* Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Sorava Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 17, 2019

Order#: 873448-340

Re: BROWN & BROWN OF DELAWARE, INC.

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

 $\frac{XX}{XX}$  File in your office on a routine basis.  $\frac{XX}{X}$  Issue Proof of Filing.

Please return evidence to the following:

Attn: Sorava Sariaslani

c/o Corporation Service Company

251 Little Falls Drive 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

	·	(.0502, 617.0502, 607.1508, or 617.1508, Florida poration organized under the laws of the State of	
*	-	office or registered agent, or both, in the State of	
1. The name of	the corporation: BROWN	& BROWN OF DELAWARE, INC.	
2. The principal	office address: 750 Pride	s Crossing, Suite 301 Newark, DE 19713	
			<del></del>
3. The mailing a	address (if different): 220 s	S. Ridgewood Ave. Daytona Beach. FL 32114	
4. Date of incor	Date of incorporation/qualification: 10/11/2007 Document number: F07000005		
	d street address of the curr rtment of State: (If resigne	ent registered agent and registered office on file ved, enter resigned)	vith the
	C T CORPORATION SY	rstem	
	1200 SOUTH PINE ISLA	AND ROAD	<u> </u>
	PLANTATION, FL 33324	4	SEP SEP
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered o	
	Corporation Service Cor	прапу	<b>S S</b>
	1201 Hays Street		¥05.
	Tallahassee	PO Box NOT acceptable  FL 32301	
	<u> </u>		<del>-</del>
The street address changed will	ess of its registered office be identical.	and the street address of the business office of i	ts registered ager
Such change wa authorized by th	as authorized by resolutione board, or the corporation	n duly adopted by its board of directors or by an on has been notified in writing of the change.	officer so
Jill Cilmi, Vice President  Signature of an officer of director  Printed or typed name and			
Signatu	le of an officer or director	Printed or typed name and ti	itle
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisi my duties, and I am famil is document is being filed	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and con liar with and accept the obligation of my positio I merely to reflect a change in the registered offi been notified in writing of this change.	nplete n as registered ce address, l
By: Mrs	nature of Registered Agent	09/13/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
	ped or Printed Name	<del></del>	

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