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SECRETARY OF STATE

RA ROCH 8



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: January 17, 2014

Order#: 939764-138

Re: INSURANCE INTERMEDIARIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.00.

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: Elizabeth Dawson

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



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 30, 2014

CORPORATION SERVICE COMPANY ATTN: ELIZABETH DAWSON 2711 CENTERVILLE ROAD - STE. 400 WILMINGTON, DE 19808

SUBJECT: INSURANCE INTERMEDIARIES, INC.

Ref. Number: F08000001606

We have received your document for INSURANCE INTERMEDIARIES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 914A00002043

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

-	•	ized under the laws of the State of Ohio
		ered agent, or both, in the State of Florida.
1. The name of t	the corporation: INSURANCE INTER	RMEDIARIES, INC.
2. The principal	office address: 6460 Busch Blvd., S	te. 100, Columbus, OH 43229-1737
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 04/09/2008	Document number: F08000001606
	d street address of the current registered a rtment of State: (If resigned, enter resigne	-
	C T Corporation System	
	1200 S. Pine Island Rd.	
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O. Box NOT	acceptable
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change was authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Signato	ne of an officer or director	Dona Priebe, Vice President Printed or typed name and title
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in Selvice Company	d agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I writing of this change.
By: Elizabe	axan	01/14/2014
Sig	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
	Dawson, Asst. Vice President	
T	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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