F08000002752

		[]
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y



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RAROCHS

SEP 1 4 2017

I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 5, 201

Order#: 772449-200

Re: BELTLINE ROAD INSURANCE AGENCY, 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: Tecora Bell

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 as sistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the p	provisions of sections	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes. this	
tatement of cha	nge is submitted for a	corporation organized under the laws of the State of TX	
		ed office or registered agent, or both, in the State of Florida.	
I. The name of t	he corporation: BELTI	INE ROAD INSURANCE AGENCY, INC.	
	office address:		
1525 S. Belt	Line Rd. Coppell TX	75019	
3. The mailing a	ddress (if different):	000 Abernathy Rd Ste 200 Atlanta, GA 30328-5604	
4. Date of incorp	poration/qualification:	06/19/2008 Document number: F08000002752	
5. The name and	I street address of the timent of State: (If res	current registered agent and registered office on file with the	
	C T CORPORATION	N SYSTEM	
	1200 SOUTH PINE	 SLAND ROAD 	
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the	new registered agent (if changed) and /or registered office	T) =
	Corporation Service	Company	[T]
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street address changed will	ess of its registered of	 ffice and the street address of the business office of its registered agen 	ıt.
	as authorized by reso he board, or the corpo	lition duly adopted by its board of directors or by an officer so relation has been notified in writing of the change.	
Xie	(/ /) ~	Jill Cilmi, Vice President	
Signati	ure of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the pr	registered agent and agree to act in this capacity. Toyisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change. Any	
By: Dra	co Co-Kuby	08/31/2017	
Sij	gnature of Registered Agenix	Date	
If signing on bo	ehalf of an entity:		
	r, Asst. Vice Presiden	t	
	Typed or Printed Name		
		* * FILING FEE: \$35.00 * * *	
	MAKE CHECK	CS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)