Division of Corporations Electronic Filing Cover Sheet

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(((H140001888113)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

WORLDWIDE INSURANCE NETWORK OF NORTH CAROLINA. INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporaté Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Amendment Section Division of Corporations				
WORLDWIDE INSURANCE NETWORK OF NORTH	CAROLINA, INC.			
Name of Corporation				
DOCUMENT NUMBER: F08000003064	·			
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.			
Please return all correspondence concerning this matter to the fol	lowing:			
Lance Arnott				
Name of Contact Person				
C T Corporation				
Firm/Company				
1999 Bryan Street Suite 900				
Address				
Dailas/FX 75010				
City/State and Zip Code				
kaufderhar@smartcholccagents.com				
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this matter, please call:				
Lance Arnott 214	`			
Name of Contact Person Are	a Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Amendment Section	Street Address: Amendment Section			
	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tulinhassee, FL 32301			

CR2E045 (03/12)

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

		302, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of North	
		istered agent, or both, in the State of Floria	
1. The name o	f the corporation: WORLDWIDE INSUR	ANCE NETWORK OF NORTH CAROLINA	I, INC.
2. The principa	al office address: 4121 BEEECH WOOD (DRIVE GREENSBORO, NC 27410	
3. The mailing	address (if different); 1589 SKEET CLU	B RD #102 PMB 349 HIGH POINT, NC 272	:65
4. Date of inco	orporation/qualification: 07/11/2008	Document number: F08000003064	<u></u>
	nd street address of the current registere artment of State: (If resigned, enter resig	d agent and registered office on file with the gned)	ne e
	CORPORATION SERVICE COMPAN	ιγ	
	1201 HAYS STREET TALLAHASSEI	E, FL 32301-2525	
		·	· · · · · · · · · · · · · · · · · · ·
The name are (if changed)		gent (if changed) and /or registered office	AUG
	C T Corporation System		
	c/o C T Corporation System, 1200 South	Pine Island Road	=
	P.O. Box N	OT scoeptable	्र सः
	Plantation, Florida 33324		50
The street add	ress of its registered office and the stre	et address of the business office of its regi	stered agent,
		ed by its board of directors or by an office notified in writing of the change.	
may	ui Dauta	Maria Ozacta - VP	
•	ture of an office or director of the approximation as registered agent of	Printed or typed name and little	
I further agree performance o agent. Or, if the hereby confirm	s to comply with the provisions of all st of my duties, and Lain fanillar with and his document is being filed merely to re to that the corporation has been notified	and agree to act in this capacity, autes relative to the proper and complete i accept the obligation of my position as re flect a change in the registered office add i in writing of this change.	gislered iress, I
By: PSO	rporntion (57 s)em	08/11/2014	
	anoture of Registered Agent	Class	
If signing on b	ehalf of an entity:		
Mark Holloway	<u> </u>		
· — —	Typed or Printed Name		
	* * * FILING F	TE: \$35.00 * * *	

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