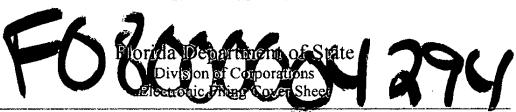
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000106943)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 (614)280-3338 Phone Fax Number : (954)208-0845

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

Address:_ Email

REGISTERED AGENT CHANGE PRODUCERS CREDIT CORPORATION

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Page Count	03	
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JAN 13 2016

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	PRODUCERS CREDIT CORPORATION ECT: Name of Co	orporation
		•
DOC	UMENT NUMBER:	
The e	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter	to the following:
	Name of Con	stact Person
	Firm/Co	mpany
Address		ess
	City/State an	d Zip Code
	E-mail address: (to be used for fu	iture annual report notification)
For fu	rther information concerning this matter, please c	ali:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Talfahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Ohio rto change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: PRODUCERS CREDIT CORPORATION	
2. The principal	office address: 8353 N. HIGH ST., SUITE 250, COLUMBUS, OH 43235	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/02/2008 Document number: F08000004294	
5. The name and	i street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET, TALLAHASSEE, FL 32301-2525	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of the CC CT Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	Ű
	P.O. Box NOT acceptable Plantation, Florida 33324	,
The street addre	ess of its registered office and the street address of the business office of its registered agent be identical.	'
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so the board, for the corporation has been notified in writing of the change.	
Row	Robert W. Siegel, Vice President re of an officer of pirector Printed or typed name and title	
I hereby accept in the street of the street	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
By:	Pration System - - 20 Date	
If signing on hal	Bulleti Registere Again	
··	ped or Printed Name	

* * * FILING FEE: \$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)