## F0900000 1171

(Reque	estor's Name)	_
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(City/St	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 12, 2019

Order#: 873446-074

Re: AFC INSURANCE, 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: Soraya 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

statement of change is submitte	d for a corporation orga	02, 607.1508, or 617.1508, Florida nized under the laws of the State of tered agent, or both, in the State of	PA	
1. The name of the corporation:	AFC INSURANCE, INC			
2. The principal office address:	Suite 318 3101 Emrick E	Blvd Bethlehem, PA 18020		
3. The mailing address (if differ	ent): 220 S. Ridgewood	Ave. Daytona Beach, FL 32114		
4. Date of incorporation/qualific	 cation:	Document number: F09000	001171	
5. The name and street address Florida Department of State:	_	agent and registered office on file wed)	vith the	
C T CORPOR	ATION SYSTEM			
1200 SOUTH	1200 SOUTH PINE ISLAND ROAD			
PLANTATION	PLANTATION, FL 33324			
6. The name and street address (if changed):	of the new registered age	ent (if changed) and /or registered or		
Corporation Service Company				
1201 Hays Str	reet		· თ	
	PO Box NO	Γacceptable	-	
Tallahassee 	<u> </u>	FL 32301	-	
The street address of its registe as changed will be identical.	red office and the street	address of the business office of i	ts registered agent,	
Such change was authorized by authorized by the board, or the	resolution duly adopted corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Signature of an officer or dir	. k.	Jill Cilmi, Vice President		
Signature of an officer or dir	ector	Printed or typed name and ti	tle	
I hereby accept the appointment further agree to comply with performance of my duties, and agent. Or, if this document is the hereby confirm that the corportion Service Co	the provisions of all stat I am familiar with and c being filed merely to ref ation has been notified i	nd agree to act in this capacity.  Lutes relative to the proper and con- accept the obligation of my position lect a change in the registered officing  my writing of this change.	nplete n as registered ce address, I	
By: Ymae CKubi Signature of Registered		09/12/2019		
Signature of Registered		Date		
Grace E. Kirby, Assistant Vice				
Typed or Printed Name	<del></del>			
,,	* * * FILING FE	EE: \$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)