

**F09000001640**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**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.**

(((H12000072340 3)))



H120000723403ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850) 617-6380

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**FILED**  
**12 MAR 20 PM 2:30**  
TALLAHASSEE, FLORIDA

**\*\*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  
APEX INSURANCE AGENCY, INC.**

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

**RECEIVED**

**12 MAR 20 AM 8:02**

DIVISION OF STATE  
TALLAHASSEE, FLORIDA

**MAR 20 2012**

**C. MUSTAIN**

**Electronic Filing Menu**

**Corporate Filing Menu**

**Help**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APEX INSURANCE AGENCY, INC.  
Name of Corporation

DOCUMENT NUMBER: FO9000001640

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

Name of Contact Person

Firm/Company

**Address**

City/State and Zip Code

**pbriand@bbinslegal.com**

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Contact Person

at \_\_\_\_\_

Area Code &amp; Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CH2E045 (8/05)

P'LO6 - 01/21/2009 C T System Dallas

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Virginia  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: APEX INSURANCE AGENCY, INC.
2. The principal office address: 301 CONCOURSE BLVD, SUITE 100  
GLEN ALLEN VA 23060
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/17/2009 Document number: F09000001640

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

6. The name and street address of the new registered agent (if changed) and/or registered office  
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Kristin Bolden  
Signature of an officer or director

Kristin Bolden, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By: C T Corporation System  
James M. Halpin  
Signature of Registered Agent

3/1/2012

Date

If signing on behalf of an entity:  
James M. Halpin  
Assistant Secretary  
Typed 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 (8/05)

FD006 - 8/23/2009 C T System Online

FILED  
12 MAR 20 PM 2:30  
TALLAHASSEE, FL 32301