F09000001731

(R	equestor's Name)	
· (A	ddress)	
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(C	ity/State/Zip/Phone	→ #)
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DEPARTMENT OF STATE

2012 JAN 24 PM 1: 14 SECRETARY OF STATE

DR-12-



ACCOUNT NO. : 12000000195

REFERENCE : 061889 7176028

AUTHORIZATION : CANALO

COST LIMIT : \$ 35.00

ORDER	DATE	;	January	16,	2012
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ORDER TIME : 9:32 AM

ORDER NO. : 061889-005

CUSTOMER NO: 7176028

CHANGE OF AGENT

NAME: ASSURANCE AGENCY, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Illinois der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: ASSURANCE AGENCY OF ILLINOIS CORP.	
2. The principal	al office address:	
3. The mailing	g address (if different):	
4. Date of incor	prporation/qualification: 04/22/2009 Document number: F09000001731	
	nd street address of the current registered agent and registered office on file with the partment of State:	
	NRAI Services, Inc.	
	515 E. Park Avenue	•
	Tallahassee, FL 32301	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office.	i Ti
	Corporation Service Company	
	1201 Hays Street SSE	77
·	(P.O. Box NOT acceptable)	: نرسيا
•	Tallahassee, FL 32301	
The street addr as changed wil	lress of its registered office and the street address of the business office of its registered agent, ill be identical.	
()	was authorized by resolution duly adopted by its board of directors or by an officer so the board, on the corporation has been notified in writing of the change. Date Compared to the change Compared to the change	
I hereby accept further agree of my duties, a document is be corporation has Corporat By:	pt the appointment as registered agent and agree to act in this capacity, eto comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this registed merely to reflect a change in the registered office address, I hereby confirm that the last been notified in writing of this change. Attion Service Company A/4/20/L Eightfur of Registered Agent) (Date)	
If signing on b	behalf of an entity:	
Elizabeth A.	. Dawson, Asst. Vice President	
	(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)