(Re	equestor's Name)				
(Ac	dress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone #	f)			
PICK-UP	☐ WAIT	MAIL			
(Ві	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



600253672146

11/12/13--01040--021 **35.00

NOV 1 5 2013 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: November 8, 2013

Order#: 863417-024

Re: CREECHURCH INSURANCE UNDERWRITERS AGENCY, 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: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 cha	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office o	on organized under the la or registered agent, or bo	tws of the State of state of the state of th	New Yo Florida.		_
1. The name of	the corporation: CREECHURCH	INSURANCE UNDERW	RITERS AGENC	Y, INC.		
•	office address: inis Ferry Road, Suite 300, Suwa	anee, GA 30024				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 06/26/200	09 Document	number: F090000	002593		
	d street address of the current regirtment of State: (If resigned, enter		ed office on file w	ith the		
	C T Corporation System					
	1200 South Pine Island Road, S	Suite 300				
	Plantation	FL	30024		ಪ	TA CO
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) ar	nd /or registered of	fice	3 MOV 12	EORE TA
	Corporation Service Company					Sec.
	1201 Hays Street	D 100				
	Tallahassee	Box NOT acceptable FL	32301		27	ATE AIDA
The street address changed will	ess of its registered office and th be identical.	e street address of the bu	usiness office of it	s registe	red age	ent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of obeen notified in writing	directors or by an of the change.	officer s	ю	
Signati	ire of an officer of director		ona Priebe ed or typed name and tit		Preside	nt -
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar with is document is being filed merely that the corporation has been not Service Company	Tall statutes relative to the and accept the obligations.	he proper and com tion of my position	ı as regi	stered ss, I	
By: Da	nature of Registered Agent	November 1, 2	2013 Date			_
_	chalf of an entity:		Date			
Grace E. Kirby	Asst. Vice President					
Ť	yped or Printed Name	_				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *