F09000003971

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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· (Do	ocument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

ATTN: ELIZABETH DAWSON C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: FREEDOM SPECIALTY INSURANCE COMPANY

Ref. Number: F09000003971

We have received your document for FREEDOM SPECIALTY INSURANCE COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00. — Attacked

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 714A00001925

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CORPORATION

SEE, FLOAT



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: January 17, 2014

Order#: 939764-129

Re: FREEDOM SPECIALTY INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Elizabeth Dawson 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 ch	provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or i	organized under the laws of the	State of Ohio	
The name of The principal	the corporation: FREEDOM SP office address: One Tower Squ	ECIALTY INSURANCE Course, Hartford, CT 06183	OMPANY	
	omee address.			
3. The mailing a	address (if different):			_
4. Date of incorporation/qualification: 10/07/2009 Document number: Fo		F09000003971		
	d street address of the current register tment of State: (If resigned, enter re		on file with the	
	C T Corporation System			
	1200 South Pine Island Roa	ad		
	Plantation, FL 33324			
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or regi	istered office	•
	Corporation Service Compa	iny		
	1201 Hays Street			٠
	P.O. Bo Tallahassee, FL 32301	ox NOT acceptable		
	·····		<u>့</u> ကို ကို လ	
The street addresses changed will	ess of its registered office and the s be identical.	street address of the business of	fice of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of directors on notified in writing of the cha	or by an officer so ange.	
()	50	Dona Priebe, Vice P		
I hereby accept I further agree of performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notion Service Company	Printed or typed in the and agree to act in this capa I statutes relative to the proper and accept the obligation of my o reflect a change in the registe fied in writing of this change.		
By: Cluate	andan	01/14/2014		
	nature of Registered Agent	Date		
	half of an entity:			
	Dawson, Asst. Vice Presiden	nt		
T	yped or Printed Name			

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