

(((H120002451473)))



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 : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**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 WALTER R. ANDERSON INSURANCE SERVICES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/9/2012

PAGE 01/03

CT CORPORATION

8656336092

10/08/5015 10:31

COVER LETTER

TO:	Amendment Section Division of Corporations	
SIIRI	Walter R. Anderson Insurance Services, Inc.	
СОВО	Name of Corporation	
DOC	F09000004422 JMENT NUMBER:	
The en	aclosed 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	
	•	
	Pirm/Company	
Address		
	·	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Name of Contact Person at () Area Code & Daytime Telephone Number	
	That of Collect 1 015011 Alex Code to Day and 1 010 phono 1 1 1110 phono 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enclos	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Street Address: Amendment Section Amendment Section	
	Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 Childing Sunding Call Executive Center Circle	
	Tallahassee, FL 32301	

CR2E045 (03/12)

PL006 - 05/16/2012 Wolters Kluwer Oralite

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

statement of change is submitted for a corporation org	anized under the laws of the State of California		
in order to change its registered office or reg 1. The name of the corporation: Walter R. Anderson Inst			
2. The principal office address: 1834 BATH STREET, S	ALTA BANDARA, CA 99101		
3. The mailing address (if different); 1834 BATH STRE	EET, SANTA BARBARA, CA 93101		
4. Date of incorporation/qualification: 11/09/2009	Document number: F09000004422		
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)			
CORPORATION SERVICE COMPAN	Y		
1201 HAYS STREET			
TALLAHASSEE FL 32301-2525 US			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System c/o CT Corporation System, 1200 South Pine Island Road Plantation,			
C T Corporation System	بې		
c/o C T Corporation System, 1200 South	c/o C T Corporation System, 1200 South Pine Island Road Plantation,		
P.O. Box NOT acceptable			
Florida 33324			
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,		
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been in	ed by its board of directors or by an officer so notified in writing of the change.		
KNATOREL	Kristin Bolden, Secretary		
Significant of the order of director	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 the corporation has been notified in writing of this change.			
By: (a mail out)	10/8/2012		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Sumantha Jones, Assistant Secretary			
Typed or Printed Nume			
* * * FILING F	EE: \$35.00 * * *		
	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314		

FL006 - List 16/2012 Wolters Klawer Online