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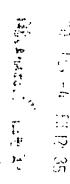
(Requestor's	s Name)			
(Address)				
(Address)				
(City/State/Z	ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



800354612528

11/04/20--01016--028 **35.00



T. LEDMEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: November 2, 2020

Order#: 439872-046

Re: ARMED FORCES INSURANCE 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: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.XCOA

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

statement of cha.	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.15 ion organized under the laws of or registered agent, or both, in	the State of K	ansas
1. The name of t	he corporation: ARMED FORC	ES INSURANCE AGENCY, IN	C.	
2. The principal	office address: 550 EISENHOV	VER ROAD LEAVENWORTH	<s 66048<="" th=""><th></th></s>	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 05/24/20	Document numb	er: <u>F1000000</u>	2458
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered off ter resigned)	fice on file with	n the
	John Hatch Desq.			
	1267 Berkshire Lane Suite 2	00		
	Tarpon Springs	FL 34	688	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or	registered offic	20 NO
	1201 Hays Street		A T	¥
		P.O. Box NOT acceptable		7
	Tallahassee	FL 32	301	記 の 記
The street addre as changed will	ss of its registered office and be identical.	the street address of the busines	ss office of its	régistered agent,
Such change wa authorized by th	s authorized by resolution dul le board, or the corporation ha	y adopted by its board of directs been notified in writing of the	tors or by an o	fficer so
	e E almi	Jill Cilmi		Vice President
I hereby accept I further agree to of my duties, and document is being corporation has	o comply with the provisions (agent and agree to act in this of all statutes relative to the property the obligation of my position ange in the registered office add	oper and comp	olete performance
By: C	um Key	11/02/2020		
-	nature of Registered Agent		Date	
	st. Vice President ped 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 * * *