

F10000005128

John Hatch Esq

(Requestor's Name)

1267 Berkshire Lane

(Address)

(Suite 200)

Tampa, FL 33688

(Address)

34688

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

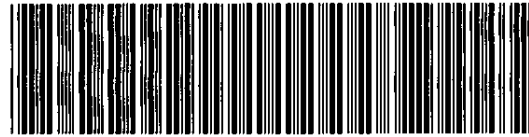
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Chang
Tewis
6-22-11

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Addison Bay Insurance Brokers, Ltd.
2. The principal office address: 1318 Redwood Way, Suite 250 Petaluma, CA 94954
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/23/2006 Document number: F10000005128
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John D. Hatch, Esquire

1267 Berkshire Lane, Ste 200

Tarpon Springs, FL 34688

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

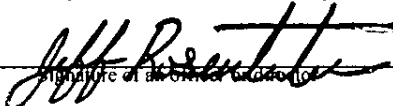
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

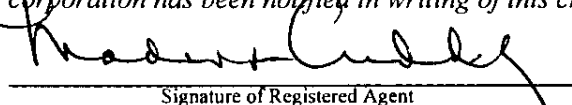
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Jeffrey Rosentreter, Exec. Vice President
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 that the corporation has been notified in writing of this change.



Signature of Registered Agent

6-9-11

Date

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary

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

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

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