

F 11000000428

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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FILED
 12 AUG 15 PM 5:00
 SECRETARY OF STATE
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

REGISTERED AGENT CHANGE
INTERNATIONAL EXCESS PROGRAM MANAGERS AGENCY, INC.

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

2012 AUG 15 AM 8:09

TO ACHIEVE SUFFICIENCY OF FILING

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8/15/12
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: International Excess Program Managers Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000000428

The enclosed 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

Firm/Company

Address

City/State and Zip Code

lschick@matrixlicensing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR25045 (03/12)

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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: International Excess Program Managers Agency, Inc.
2. The principal office address: 26451 CURTISS WRIGHT PKWY #103, RICHMOND HEIGHTS, OH 44143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/31/2011 Document number: F11000000428
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)

HATCH, JOHN D ESQ

1267 BERKSHIRE LANE, SUITE 200

TARPON SPRINGS, FL 34688

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

C T Corporation System

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 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.

Sharlín Aldao
Signature of an officer or director

Sharlín Aldao, 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.

C.T Corporation System

By: *Kristin Bolden*
Signature of Registered Agent

8/13/2012

Date

If signing on behalf of an entity:

Kristin Bolden, Assistant Secretary

Typed or Printed Name

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

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

CR2B045 (03/12)