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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	Certificate:	s of Status
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 335277 7382157

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 13, 2014

ORDER TIME : 10:57 AM

ORDER NO. : 335277-030

CUSTOMER NO: 7382157

CHANGE OF AGENT

NAME: BICKMORE AND ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT Bickmore and Associates, Inc.

Name of Corporation

DOCUMENT NUMBER

F1100000644

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:

Peter E. Lind

Name of Contact Person

York Risk Services Group, Inc.

Firm/Company

99 Cherry Hill Road, Suite 102

Address

Parsippany, NJ 07054

City/State and Zip Code

peter.lind@yorkrsg.com

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

For further information concerning this matter, please call:

Peter E. Lind

973 404-1235

Name of Contact Person

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

CR2E045 (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 Statut statement of change is submitted for a corporation organized under the laws of the State of Califo	rnia
in order to change its registered office or registered agent, or both, in the State of Florid	a.
1. The name of the corporation: Bickmore and Associates, Inc.	
2. The principal office address: 1750 Creekside Oaks Drive Suite 200	
Sacramento, CA 95833	
3. The mailing address (if different): same	
4. Date of incorporation/qualification: 2/22/2011 Document number: F1100000	644
<ol><li>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)</li></ol>	3
Business Filings Incorporated	
515 E. Park Avenue	14 OCT 14
Tallahassee, FL 32301	<u></u> -
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Corporation Service Company	G: 20
1201 Hays Street	
P.O Box NOT acceptable	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered will be identical.	stered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r'so
Peter E. Lind, Secretary  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 reagent. Or, if this document is being filed merely to reflect a change in the registered office add hereby confirm that the corporation has been notified in writing of this change.	egistered Fess, I
Signalure of Registered Agent Date	<del></del>
If signing on behalf of an entity:	
Courtney Williams	
Asst. Vice President * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)