

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	·



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SCORE SEED FLORIDA

RIA C19 MAY 22 2014

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: May 8, 2014

Order#: 121241-008

Re: SAFEWARE, THE 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: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

QUCA.XCOA

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

-	•	1502, 607.1508, or 617.1508, Florida Statutes, this	
-		ranized under the laws of the State of OHistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: SAFEWARE, THE INS	SURANCE AGENCY INC.	
2. The principal			
5700 Perime	eter Drive, Suite E, Dublin OH 43017		
3. The mailing a	ddress (if different):		
	00/40/0044	F4400000533	
4. Date of incorp	poration/qualification: 00/10/2011	Document number: F11000002523	
	street address of the current registered tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	CT CORPORATION SYSTEM		
	1200 S PINE ISLAND RD		
	PLANTATION	FL 33324	
6. The name and (if changed):	l street address of the new registered ap	gent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street	7	F
	P.O. Box N	OT acceptable FL 32301	ា
	1 dildild5566	7 L 32301	Ç
The street addre as changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered agent	•
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been in	ted by its board of directors or by an officer so notified in writing of the change.	
		Dona Priebe, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent of comply with the provisions of all standard with and it is document is being filed merely to rethat the corporation has been notified in Serviçe Company	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address, I I in writing of this change.	•
By: I I no	ro Cokubi	05/07/2014	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
Ty	yped or Printed Name		

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