F12000004463

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cil	ly/Otate/Zip/P11011	с н)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400253540164

01/21/14--01046--021 **25.00

02/10/14--01045--009 **10.00

PA Change 30 2 - 11 - 14



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2014

ATTN: ELIZABETH DAWSON C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: CRESTBROOK INSURANCE COMPANY

Ref. Number: F12000004463

We have received your document for CRESTBROOK INSURANCE COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 014A00001764



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: January 17, 2014

Order#: 939764-110

Re: CRESTBROOK INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Elizabeth Dawson 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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or registe	nized under the laws of the Sta	ate of Ohio
	the corporation: CRESTBROOK INS	_	J
2. The principal	office address: 1100 Locust Street,	Des Moines, IA 50391-	1100
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/01/2012	Document number: F	12000004463
5. The name and	I street address of the current registered a rtment of State: (If resigned, enter resigne		file with the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	Street address of the new registered agent	nt (if changed) and /or registe	ered office FB T
	1201 Hays Street P.O. Box NOT		<u> </u>
	Tallahassee, FL 32301	ассериане	28
The street addre	ess of its registered office and the street a be identical.	address of the business offic	•
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or lified in writing of the chang	by an officer so e.
Signature of an officer or director		Dona Priebe, Vice Pre	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a sis document is being filed merely to reflet that the corporation has been notified in Service Company	d agree to act in this capacit tes relative to the proper an ecept the obligation of my po ect a change in the registered writing of this change.	y. Id complete Osition as registered
	r: Unjuly Akan 01/14/2014 Signature of Registered Agent Date		
	half of an entity:		
	Dawson, Asst. Vice President		

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

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

Typed or Printed Name