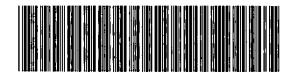
F13000001287

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Ви	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRIPARE CAPA

RAPRO Change

T. CARTER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: June 19, 2014

Order#: 169282-009

Re: THOUSAND ISLANDS AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Chelsey Martine

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	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of <u>NEW Y</u> egistered agent, or both, in the State of Florida.	ORK	
1. The name of t	he corporation: THOUSAND ISLAN	IDS AGENCY, INC.		
	office address: 853 JAMES STREE			
3. The mailing a	ddress (if different): PO BOX 456 C	CLAYTON, NY 13624		
4. Date of incorp	ncorporation/qualification: 03/22/2013 Document number: F13000001287			
	street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)		
	REGISTERED AGENTS INC.			
	3030 N ROCKY POINT DR STE 150A TAMPA, FL 33607			
				- (A)
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		. JUH 23	
	Corporation Service Company		70	
	1201 Hays Street		ယ္); ()
	P.O. Box Tallahassee	NOT acceptable FL 32301	60	
The street addre as changed will	ss of its registered office and the st be identical.	treet address of the business office of its registe	ered agent.	ί,
Such change wa authorized by th	s authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer on notified in writing of the change.	so	
		DONA PRIEBE, VICE PRESIDENT		
I hereby ccept I further agree to performance of agent. Or, if the hereby confirm	my dùtiès, and I am familiar with a	statutes relative to the proper and complete and accept the obligation of my position as reg preflect a change in the registered office addre	istered ess, I	
By: Actuality	in lue pe	06/19/2014		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	, Assistant 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 * * *