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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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CSC - WILMINGTON 251 Little Falls Drive -Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873447-375

Re: BROWN & BROWN INSURANCE OF ARIZONA, 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: Soraya Sariaslani c/o Corporation Service Company

251 Little Falls Drive 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, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of		
in orde	r to change its registered of	fice or registered agent, or both, in the State of	Florida.	
1. The name of t	he corporation: BROWN &	BROWN INSURANCE OF ARIZONA, INC.		
2. The principal	office address: 2800 North	Central Avenue Suite 1100 Phoenix, AZ 85004	I-1047	
3. The mailing a	ddress (if different): 220 S.	Ridgewood Ave. Daytona Beach, FL 32114		
4. Date of incorp	poration/qualification: 07/1	9/2013 Document number: F13000	003103	
	I street address of the currentment of State: (If resigned,	it registered agent and registered office on file wenter resigned)		
	C T CORPORATION SYS	TEM	IAL Sell	
	1200 SOUTH PINE ISLAN	ID ROAD	WEE 18	· ·
	PLANTATION, FL 33324		- 48.8 - <del>*</del>	
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and /or registered o		LT!
	Corporation Service Comp	oany	_	
	1201 Hays Street			
		P.O. Box, NOF acceptable	<del>-</del>	
	Tallahassee	FL 32301	<b></b>	
The street addre	ess of its registered office a be identical.	nd the street address of the business office of i	ts registered agent.	
Such change wa authorized by th	is authorized by resolution be board, or the corporation	duly adopted by its board of directors or by an has been notified in writing of the change.	officer so	
(	Xia E. agni	Jill Cilmi, Vice President		
	re of an othicer or director	Printed or typed name and ti	tle	
I further agree to performance of agent. Or, if this hereby confirm	to comply with the provisio my duties, and I am familia is document is beiny filed n	red agent and agree to act in this capacity. ns of all statutes relative to the proper and cor ir with and accept the obligation of my positio nerely to reflect a change in the registered offi sen notified in writing of this change.	n as revistered	
By: <u>χ</u> λω	e tokuble	09/12/2019		
Sigi	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ty	ped or Printed Name	<del></del>		

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