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A. RAMSEY JUN 1 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 738562 8378385					
AUTHORIZATION: Souls Reson					
COST LIMIT : \$ 35.00					
ORDER DATE : June 13, 2022					
ORDER TIME : 2:43 PM					
ORDER NO. : 738562-048					
CUSTOMER NO: 8378385					
CHANGE OF AGENT					
NAME: AEGIS GENERAL INSURANCE AGENCY INC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607,0502, 617,050 nge is submitted for a corporation orga r to change its registered office or regis.	nized under the law	ws of the State of PA		
1. The name of t	he corporation: AEGIS GENERAL INSU	JRANCE AGENC	Y INC		
	office address: 4507 NORTH FRONT S	TREET SUITE 20			
3. The mailing a	ddress (if different):	-			
	poration/qualification: 10/06/2014			06	
	I street address of the current registered at timent of State: (If resigned, enter resign		ed office on file with the	e	
	CT CORPORATION SYSTEM				
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL	33324	23	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				
	Corporation Service Company			M 10: 38	
		70, 70			
	P.O. Bo Tallahassee	NOT acceptable	32301	. 38 . 38	
The street addre as changed will	ss of its registered office and the street be identical.		<u> </u>		
Such change wa authorized by th	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of continued in writing of	directors or by an offic of the change.	er so	
ie 2 (20mi	Jill Cilmi, Vice	President		
	e of an officer or director		ed or typed name and title		
1 juriner agree i of my duties, an document is beil corporation has	the appointment as registered agent ar o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in the been notified in writing of this change n Service Company	nd agree to act in tutes relative to the ligation of my postic registered office.	this capacity. e proper and complete ition as registered age e address, I hereby col	e performance int. Or, if this infirm that the	
By: Iloc	co Cokubie	06/14/2022			
Sign	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
Grace E. Kirby,	Asst Vice President				
Ty	ped or Printed Name				

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