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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 602555 AUTHORIZATION COST LIMIT ORDER DATE: January 25, 2019 ORDER TIME : 1:43 PM ORDER NO. : 602555-010 CUSTOMER NO: 8055764 CHANGE OF AGENT NAME: GLOBAL INSURANCE MANAGEMENT COMPANY, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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

statement of change is submitted for a c	or, 0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Delawate and office or registered agent, or both, in the State of Florida.
	Insurance Management Company, Inc.
1250 South Pine Island Road, Suite	
3. The mailing address (if different):	
4. Date of incorporation/qualification: _	12/31/2014 Document number: F15000000014
	urrent registered agent and registered office on file with the
C T Corporation Syste	e m
1200 South Pine Islan	d Road
Plantation, FL 33324	ω 2
6. The name and street address of the ne (if changed): Corporation Service C	ew registered agent (if changed) and /or registered office 2000 2000 2000 2000 2000 2000 2000 20
·····	real from the first term of t
1201 Hays Street	P.O. Box NOT acceptable
Tallahassee	FL 32301
	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
$C \cdot a a$	Erin B. Bagley, Secretary 6 ^
Signature of Mollicer director	Printed or typed name and title
perjormance of my duites, and I am fan agent. Or, if this document is being file	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address, I s been notified in writing of this change.
Signature of Registered Agent	Date
,	Roxanne Turner sst. Vice President
Typed or Printed Name	
* -	* * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)