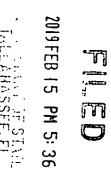
## F17000003408

(Rec	questor's Name)	
(Add	dress)	<del> </del>
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



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C. GOLDEN FEB 2 0 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'hayer rachel.ohayer@cscglobal.com

Date: February 13, 2019

Order#: 631893-010

Re: MAIN STREET INSURANCE GROUP, 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: Rachel O'hayer 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

		0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of No		_
in ord	ler to change its registered office or reg	gistered agent, or both, in the State of Flo	orida.	
1. The name of	f the corporation: Main Street Insurance	e Group, Inc.		
2. The principa	al office address: 123 East Main St, Fo	rest City, NC		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification:07/25/2017	Document number: F1700000	3408	
	nd street address of the current registers artment of State: (If resigned, enter resi	ed agent and registered office on file with igned)	the	
	C T Corporation System			
	C T Corporation System  1200 South Pine Island Road			
	Plantation, FL 33324		3 - 5 3 - 5	**************************************
6. The name ar (if changed)		agent (if changed) and /or registered offic	PM 5: 36	
	1201 Hays Street			
	P.O. Box	NOT acceptable		
	Tallahassee	FL 32301		
The street add as changed will	ress of its registered office and the stre ll be identical.	eet address of the business office of its r	egistered age	ent,
Such change wanthorized by	vas authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an off notified in writing of the change.	ficer so	
Charles Z Flack III, President				
Signa	tare of an officer or director	Printed or typed name and title		_
I further agree performance o agent. Or, if the hereby confirm	f my duties, and I am familiar with an	tatutes relative to the proper and compl id accept the obligation of my position a reflect a change in the registered office o	s registered	
By: X	nace Cokinbile	02/13/2019		
	gnature of Registered Agent	Date		_
If signing on b	ehalf of an entity:			
Grace E. Kirby	y, Asst. Vice President			
	Typed or Printed Name			

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