

F19 000000 3664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

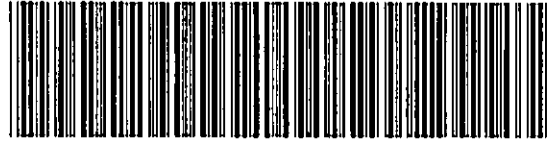
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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DEC 17 2020

ALBRITTON



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington, De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: November 10, 2020

Order#: 503879-005

Re: ASSOCIATED INSURANCE ADMINISTRATORS, 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: Meghan Groom  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of AL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASSOCIATED INSURANCE ADMINISTRATORS, INC.
2. The principal office address: 4138 CARMICHAEL ROAD MONTGOMERY, AL 36106
3. The mailing address (if different): PO BOX 231330 MONTGOMERY, AL 36123-1330
4. Date of incorporation/qualification: 07/30/2019 Document number: F19000003664
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
BOS, CAREY N  
9501 TAVISTOCK RD.  
ORLANDO, FL 32827

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Barbara Evans

Signature of an officer or director

Barbara Evans, Chief Operating Officer

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
By Grace E. Kirby  
Signature of Registered Agent

11/10/2020

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. 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 (04/13)