

2/24/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H20000060635 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MOBILITAS INSURANCE COMPANY**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

2020 FEB 26 AM 2:21

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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TS
FEB 27 2020

HONOR ORIGINAL DATE 02-24-20

HONOR ORIGINAL DATE 02-24-20



February 25, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOBILITAS INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, CA 94597US

SUBJECT: MOBILITAS INSURANCE COMPANY
REF: F20000000590

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000060635
Regulatory Specialist II Supervisor Letter Number: 420A00004139

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 ARIZONA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOBILITAS INSURANCE COMPANY
2. The principal office address: 3055 OAK ROAD, WALNUT CREEK, CA 94597
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/31/2020 Document number: F20000000590
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Chief Financial Officer, Department of Financial Services - Florida

200 East Gaines St

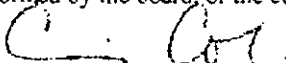
P O Box NOT acceptable

Tallahassee, FL 32399-0301

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.


 Signature of an officer or director

Carrie Collins, Assistant Secretary

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.


 Signature of Registered Agent

02/26/2020

Date

If signing on behalf of an entity:

Lisa Dubois, Assistant Secretary

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)