

F93000002328

American Specialty
Requester's Name

142 North Main Street
Address

Roanoke, IL 46783-0309
City/State/Zip Phone #

9/14

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. F93-2328

(Corporation Name)

(Document #)

000004589030--8

-09/14/01--01072--012

*****60.00 *****35.00

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐

Walk in

☐

Pick up time

☐

Certified Copy

☐

Mail out

☐

Will wait

☐

Photocopy

☐

Certificate of Sales

NEW FILINGS

☐

Profit

☐

Not for Profit

☐

Limited Liability

☐

Domestication

☐

Other

AMENDMENTS

☐

Amendment

☐

Resignation of R.A., Officer/Director

☐

Change of Registered Agent

☐

Dissolution/Withdrawal

☐

Merger

OTHER FILINGS

☐

Annual Report

☐

Fictitious Name

REGISTRATION/QUALIFICATION

☐

Foreign

☐

Limited Partnership

☐

Reinstatement

☐

Trademark

☐

Other

FILED
01 SEP 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, the undersigned corporation organized under the laws of the State of Indiana submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : American Specialty Insurance Services, Inc.
2. The mailing address of the corporation : 142 N. Main Street, PO Box 309, Roanoke, IN 46783-0309
3. Date of incorporation/qualification: 5/6/93 Document number: F93000002328
4. The name and address of the current registered agent and office:

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

Timothy J. Eshelman

81250 Overseas Hwy, PO Box 1541

Islamorada, FL 33036-1541

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 authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date, _____)

Peter T. Eshelman

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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