

F93 000004186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

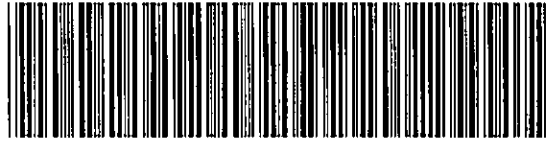
RECEIVED

18 APR 10 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Leak In \$35.00

Office Use Only



500293672115

S TALLENT
APR 11 2018

FILED
18 APR 10 AM 8:05
CLERK OF COURT

R/A-CH

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 104242 4340722

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : March 8, 2018

ORDER TIME : 9:41 AM

ORDER NO. : 104242-010

CUSTOMER NO: 4340722

CHANGE OF AGENT

NAME: ASSURANT INSURANCE AGENCY,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSURANT INSURANCE AGENCY, INC.

Name of Corporation

DOCUMENT NUMBER: F93000004186

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAQUEL CABARCAS

Name of Contact Person

ASSURANT

Firm/Company

11222 QUAIL ROOST DRIVE

Address

MIAMI FL 33157-6596

City/State and Zip Code

COMPLIANCEMAIL@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

RAQUEL CABARCAS

Name of Contact Person

at (305) 253-2244 EXT 4033004

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: ASSURANT INSURANCE AGENCY, INC.
2. The principal office address: 500 Bielenberg Drive, Suite 400, Woodbury, MN 55125
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/8/1993 Document number: F93000004186
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 S PINE ISLAND RD

PLANTATION, FL 33324

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

P.O. Box NOT acceptable

Tallahassee

32301

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.

Beech Turner
Signature of an officer or director

Beech Turner, 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.

Corporation Service Company

By: Tina Qualls
Signature of Registered Agent

4/9/2018

Date

If signing on behalf of an entity:

Tina Qualls

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)

FILED
18 APR 10 AM 8:05
TALLAHASSEE, FL