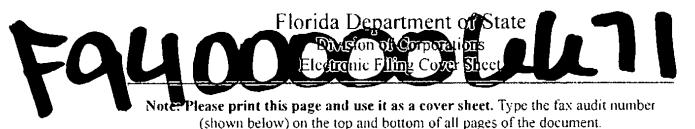
3/26/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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.

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11. 27 pr. 123 1E

REGISTERED AGENT CHANGE ROANOKE INSURANCE GROUP INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	517,0502, 607,1508, or 617,1508, Florida in organized under the laws of the State of r registered agent, or both, in the State of	/ Illinois	- .
1. The name of	the corporation: ROANOKE INSUI	RANCE GROUP INC.		
2. The principa	office address: 1475 East WOODF	TELD ROAD Suite 500 SCHAUMBURG, I	L 60173	
		······································		
3. The mailing	address (if different):		· · · · · · · · · · · · · · · · · · ·	
4. Date of inco	rporation/qualification: 12/29/1994	Document number: F9400	0006671	
5. The name ar		stered agent and registered office on file	with the	· .
,	CORPORATION SERVICE COM	PANY	· · ·	
	1201 HAYS STREET	· .		•
	TALLAHASSEE, FL 32301;2525		2028 5.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	
6. The name ar (if changed)		red agent (if changed) and /or registered (2020 MAR-27 SECRETARIA ALLAHASSI	I-4
• •	C T Corporation System		— 771 C.	:
	c/o C T Corporation System, 1200	South Pine Island Road	A) A	•
	•	Box NOT acceptable	8: 5 0RIO	
	Plamation, Florida 33324		_ ;	
		e street address of the business office of		ent,
Such change wanthorized by	vas authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by a ocen notified in writing of the change.	n officer so	
where	NATURE TO SERVICE TO S	Angela Fanelli Senior Vice Pr		ance –
I hereby accept further agree performance of agent. Or if t	to comply with the provisions of a of my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and co h and accept the obligation of my positi o to reflect a change in the registered of	omplete on as registered	٠
CTCo By:	orporation System	03/26/2020		
	gradure of Registered Agent	Dute		-
If signing on b	schalf of an entity:		•	
Denise Bell	, Assistant Secretary	,	•	
	Typed or Printed Name	NO UDE. OJE OD 4 4 4		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE-MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)