

F95000001036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

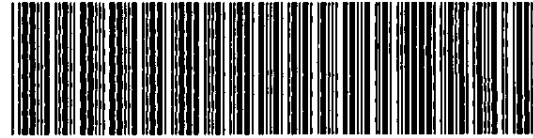
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Change

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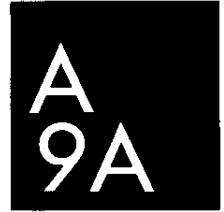
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2011 OCT 14 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/18/11

Article 9 Agents LLC

535 Eighth Avenue, Floor 15
New York, NY 10018

Phone: 877.500.0A9A
Fax: 212.656.1342
A9A.com



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

Dear Sir or Madam:

Please find enclosed Statement of Change for processing as well as a copy of Power of Attorney. Kindly return a copy in the pre-paid envelope attached once filed.

Do not hesitate to contact me at (646) 833-3531 if you need additional information.

Thank you for your assistance.

Very truly yours,

Carley Thysell

Article 9 Agents

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORISTS' INSURANCE SERVICE, INC.
Name of Corporation

DOCUMENT NUMBER: F95000001036

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:

Carley Thysell
Name of Contact Person

Article 9 Agents
Firm/Company

1773 Western Avenue
Address

Albany, NY 12203
City/State and Zip Code

cthysell@a9a.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carley Thysell at (646) 833-3531
Name of Contact Person 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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORISTS' INSURANCE SERVICE, INC.
2. The principal office address: #1 HORTICULTURAL LANE, EDWARDSVILLE IL 62025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/03/1995 Document number: F95000001036
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)

HURLEY, REX ESQ.
1560 ORANGE AVENUE SUITE 500
WINTER PARK FL 32789 US

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

InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470


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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.

 Mona B. Haberer President & CEO
Signature of an officer or director 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.

 9/19/11
Signature of Registered Agent Date

If signing on behalf of an entity:


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 (8/05)

**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Bianca Blazier and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which * Article 9 Agents (A9A) * have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

Tennie Sedlacek

Tennie Sedlacek, President

Dated: July 1, 2010

Signed in my presence this the 1st day of July 2010 by Tennie Sedlacek, State of ^{Nevada}~~Nevada~~. County of Clark

Crystal Temple

Notary Public in the State of Nevada

