

# F95000001036

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

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DIVISION OF CORPORATIONS  
13 AUG 15 PM 3:15

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
FLORISTS' INSURANCE SERVICE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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**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:

Josie Sorensen  
Name of Contact Person

InCorp Services, Inc.  
Firm/Company

2360 Corporate Circle - Suite 400  
Address

Henderson, NV 89074-7722  
City/State and Zip Code

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

For further information concerning this matter, please call:

Josie Sorensen on behalf of InCorp Services, Inc. at (702) 866-2500  
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

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**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): PO BOX 428, EDWARDSVILLE, IL 62025
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)

INTERNATIONAL CORPORATE SOLUTIONS INC.

155 Office Plaza Drive

Tallahassee, FL 32301

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

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

Mona B. Haberer, President

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

August 5, 2013

Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of InCorp Services, Inc.

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)

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DIVISION OF CORPORATIONS

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