

F95000001036

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Division of Corporations
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**REGISTERED AGENT CHANGE
FLORISTS' INSURANCE SERVICE, INC.**

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Attn: Cheryl McNair

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March 29, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORISTS' INSURANCE SERVICE, INC.
PO BOX 428
EDWARDSVILLE, IL 62025

SUBJECT: FLORISTS' INSURANCE SERVICE, INC.
REF: F95000001036

RE-SUBMIT

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The incorrect form was submitted. Please submit form pursuant to a Corporations section 607.0502, 617.0502, 607.1508, or 617.1508.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

FAX Aud. #: H16000076617
Letter Number: 416A00006358

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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 IL 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)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE FL 33470

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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] _____
Signature of an officer or director
Jennifer Kurz, VP
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.

By: C T Corporation System [Signature] 3/28/2016
Signature of Registered Agent Date

If signing on behalf of an entity:

James M. Halpin
Assistant Secretary
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

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