

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000766173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Preparations Please retain original filing date of submission 3/28

From:

Account Name

Fax Number

Account Number: FCA000000023

Phone

: (850)205-8842

: (850)878-5368 Fax Number

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

Email Address:

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

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Attn: Cheryl McNair

MAR 3 1 2016

C McNAIR

Electronic Filing Menu

Corporate Filing Menu

Help

3/30/2016 9:18:01 AM From: To: 8506176380( 2/3 )

850-617-6381

3/29/2018 11:25:27 AM PAGE

1/001

Fax Server .



March 29, 2016

## FLORIDA DEPARTMENT OF STATE

FLORISTS' INSURANCE SERVICE, INC. Division of Corporations

PO BOX 428

EDWARDSVILLE, IL 62025

SUBJECT: FLORISTS' INSURANCE SERVICE, INC.

REF: F95000001036

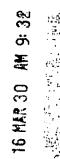
\*RE-SUBMIT\* Please retain original filing date of submission 3/28

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporati	, 617.0502, 607,1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of 14. or registered agent, or both, in the State of Florida.	<del></del>
The name of     The principal	the corporation: Florists' Insurance	c Scrvice, Inc. URAL LANE, EDWARDSVILLE, IL 62025	
<del></del>		Document number: F95000001036	
5. The name and		gistered agent and registered office on file with the	
	INCORP SERVICES, INC.		
	17888 67TH COURT NORTH		
	LOXAHATCHEE FL 33470		تار م
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	16 HAR 28
	C T Corporation System		
	c/o C T Corporation System, 1200		平 9
	P.O Plantation, Florida 33324	D. Box NOT acceptable	9: 2 <sup>g</sup>
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registered a	igent,
Such change wa authorized by th	as authorized by resolution duly he board, of the corporation has	eadopted by its board of directors or by an officer so been notified in writing of the change.	
Signatu	ure of an office or director	Jennifer Kurz, VP	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my dulies, and I am familiar wi is document is being filed merel that the corporation has been n	agent and agree to act in this capacity. fall statutes relative to the proper and complete ith and accept the obligation of my position as registere ly to reflect a change in the registered office address. I lotified in writing of this change.	d
By:	poration System M. H.J.	3/28/2016	
Sig	mature of Registered Agent	Date	
It signing on be Jar	chaif of an entity: mes M. Halpin		
	ssistant Secretary	<del></del>	

\* \* \* 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)