

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

GEICO INSURANCE AGENCY, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

Help



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

1. The name of	the corporation: GEICO Insuran	ice Agency. Inc.	
	office address: One GEICO Blvd, Prederic		
3. The mailing	address (if different): Same		
4. Date of incor	poration/qualification: 04/27/1995	Document питьет: F95000002056	
	d street address of the current registered ag artment of State: (If resigned, enter resigned		
	MCCLELLAND, HUGH H III	·	
	1857 WELLS ROAD, SUITE 224	7	SE O
	ORANGE PARK FL 32073 US	A	icki. 9 ™
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office SSTITE ON System ON South Pine Island Road	JUN -2
	C T Corporation	n System	
	c/o C T Corporation System, 120	00 South Pine Island Road $\frac{R\sum_{T}^{2}}{R}$	Ç Q
	(P.O. Box NOT acceptable)		CO CO
	Plantation, Flori	da 33324	
The street addr as changed will	ess of its registered office and the street a l be identical.	ddress of the business office of its registered	agent,
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
		John Zinno, Vice President	
	hire at an article of Officetors	(Prunted or typed name and title)	
I hereby accept I jurther agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statum to form the control of the colling the colling the merely to reflect a change in the seen notified in writing of this change. The constitution system A	l agree to act in this capacity, tes relative to the proper and complete perfor gation of my position as registered agent. Or, registered office address, I hereby confirm th	mance if this rat the
By:	enikure of Regislegid (gont)	Hay 27, 2009	
If signing ABA Asst. Sec	chalfof an enligh retary & V. President		
(Typed or Printed Name)		
		E: \$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)