

F95 000004854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

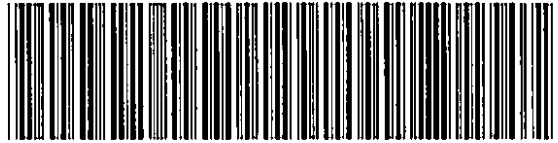
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY 11 AM 9:05  
SECRETARY OF STA  
TALAHASSEE, FL

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Cam  
6/1/20



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson elizabeth.dawson@cscglobal.com

Date: May 8, 2020

Order#: 282044-010

Re: SECURITY NATIONAL LIFE INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Please return evidence to the following:

Attn: Elizabeth Dawson  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**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 Utah in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SECURITY NATIONAL LIFE INSURANCE COMPANY
2. The principal office address: 121 W. Election Road, Suite 100, Draper, UT 84020
3. The mailing address (if different): PO Box 57220, Salt Lake City, UT 84157-0220
4. Date of incorporation/qualification: October 6, 1995 Document number: October 6, 1995
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)

Garrett Sill

200 E. Gaines St.

Tallahassee

FL 32399

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

Chief Financial Officer

P.O. Box 6200 (32314-6200), 200 E. Gaines St.

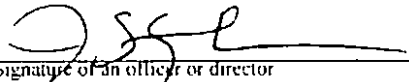
P.O. Box NOT acceptable

Tallahassee

FL 32399

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

Jeffrey R. Stephens Secretary

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: Florida Statute - Chief Financial Officer

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 (04/13)

FILED  
2020 MAY 11 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA