

F96000005959

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date 8/11/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Madison Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F96000005959

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:

Sally Caver  
Name of Contact Person

Nelson Mullins Riley & Scarborough LLP  
Firm/Company

1320 Main Street, 17th Floor  
Address

Columbia, SC 29201  
City/State and Zip Code

sally.caver@nelsonmullins.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally Caver at ( 803 ) 255-9755  
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

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

1. The name of the corporation: Madison Insurance Company

2. The principal office address: 131 Dutchman Blvd., Irmo, SC 29063

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 11/14/1996 Document number: F96000005959

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)

Laurie A. Pennington

200 S. Orange Ave (Mailing Code 1093 9th Floor)

Orlando, FL 32801

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

Lisa Pratt

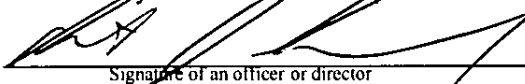
237 South Westmonte Drive, Suite 307

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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

Robert J. Arowood, 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

\_\_\_\_\_  
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 (8/05)

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