

F97000001123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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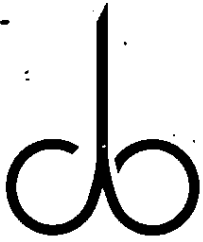
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FEB 15 2017

C LEWIS



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

February 8, 2017

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary document to change the registered agent of **American Lawyers Insurance Plans, Inc.** in your state.

I trust this letter and the enclosed document places them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Lawyers Insurance Plans, Inc.

Name of Corporation

DOCUMENT NUMBER: F97000001123

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:

Brenda Anthony

Name of Contact Person

Central Licensing Bureau

Firm/Company

1501 N University, Suite 550

Address

Little Rock, AR 72202

City/State and Zip Code

info@abiins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau

501 664-8044

at (_____) _____

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

1. The name of the corporation: American Lawyers Insurance Plans, Inc.
2. The principal office address: 321 N. Clark Street, Suite 1400, Chicago, IL 60654
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/05/1997 Document number: F97000001123
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)

Chief Financial Officer

200 E. Gaines Street

Tallahassee, FL 32399

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

NRAI Services, Inc.

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.

William R. Bear
Signature of an officer or director

William Bear, Vice Pres/Exec Director
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: NRAI Services, Inc.
Brenda Anthony
Signature of Registered Agent

2/8/17
Date

If signing on behalf of an entity:

Brenda Anthony

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 (03/12)

FILED
DIVISION OF CORPORATIONS
2017 FEB 13 AM 8:46