00000210 Division of

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

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REGISTERED AGENT CHANGE RYLAND INSURANCE SERVICES, INC.

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Corporate Filing Menu

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PAGE 01/03

CT CORPORATION

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	Statement of Change of Registered Office/	Agent and fee	are submitted for filing.
	all correspondence concerning this matter t		•
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•	Anthony Mancini		
	Name of Contr	ct Person	
	CT Corporation		
	Firm/Con	ipany	
	818 W 7th St 2nd Floor		•
	Addre	SS	,
	Los Angeles CA 90017		·
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CRŽE045 (03/12)

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

_	change is submitted for a corporation orgo rder to change its registered office or regis				
1. The name of	of the corporation: Ryland Insurance Serv	vices, Inc.			
2. The principal office address: 14635 N. KIERLAND BOULEVARD SUITE 200 SCOTTSDALE AZ 85254 US 3. The mailing address (if different):					
	and street address of the current registered partment of State: (If resigned, enter resign		He with the		
	CORPORATION SERVICE COMPANY	,	es		
	1201 HAYS STREET	·	- 12 BC - T		
	TALLAHASSEE FL 32301-2525 US				
6. The name a (if changed)	and street address of the new registered ago	ent (if changed) and /or registen	ed office a T		
	C T Corporation System		32 5		
	c/o CT Corporation System, 1200 South I	Pine Island Road Plantation,	170		
	P.O. Box NO	T acceptable	-		
	Florida 33324				
The street add as changed wi	dress of its registered office and the street	address of the business office	of its registered agent,		
\preceq	was authorized by resolution duly adopte the board, or the corporation has been no				
	island it an officer or director	TRISTAN EMRICH			
nereby accer fixther agree	pt the appointment as registered agent an e-to-comply with the provisions of all stat of my duties, and I am familiar with and o	id agree to act in this capacity. Wes relative to the proper and	Complete		
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By: Done	I Board	09/27/2012			
	Signature of Registered Agent	Date			
f signing on b	behalf of an entity:		•		
Posselo	BOROWAY				
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(2)

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