F97000005144

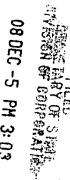
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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R. A. Change

DEC 052008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 810240 7675879

	AUTHORIZATION Spelle man COST LIMIT : \$35.00	
ORDER DATE :	December 2, 2008	
ORDER TIME :	11:21 AM	
ORDER NO. :	810240-068	
CUSTOMER NO:	7675879	
	CHANGE OF AGENT	

NAME: ZC STERLING INSURANCE AGENCY,

INC.

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF.	EILING:
	ר דיימים יו	ממדר	CODY				

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of California registered agent, or both, in the State of Florida.	5	
1. The name of t	the corporation: ZC STERLING IN:	SURANCE AGENCY, INC.		
2. The principal	office address: 9800 Muirlands Bo	ulevard, Irvine, CA 92618		
3. The mailing a	ddress (if different): 210 Interstate	North Parkway, Suite 400, Atlanta, GA 30339		
4. Date of incorp	poration/qualification: 10/01/1997	Document number: F97000005144		
	I street address of the current regist tment of State:	ered agent and registered office on file with the		
	Michael Seminario			
	8655 Baypine Road, Building 6			7
	Jacksonville, FL 32256		08 DEC	3
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	ည	WE COL
	Corporation Service Company		PH 3:	RPGRA
	1201 Hays Street		03	2
	(P.O. Box NOT ac	ceptable)	•	t j
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered	d agen	t,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
Mariage	C 11000	Maureen Cullen, Attorney in fact		
(Signati	ure of an officer or director)	(Printed or typed name and title)	,	•
I further agree to of my duties, an document is bei corporation has	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo he obligation of my position as registered agent. O e in the registered office address, I hereby confirm hange.	orman Ir, if th that th	ce is ie
By: Wich	All RIDO A MAD	12-4-03		
Michelle R. V	gnature of Registered Agent) /annoy, Assistant VP chalf of an entity:	(Date)		•
(7	Typed or Printed Name)			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *