

F98000004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

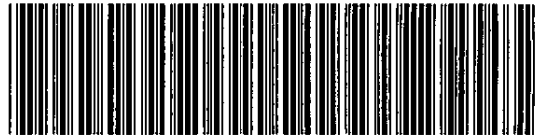
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB 4-22-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Primary Source Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Sarah J. Roesner

(Name of Contact Person)

Federated Insurance Company

(Firm/Company)

121 E. Park Square

(Address)

Owatonna, MN 55060

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah J. Roesner

(Name of Contact Person)

at (507) 455-5190

(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



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (800) 760-2809 • 507-444-6900

Writer's direct dial telephone: 507-455-5190
Writer's facsimile number: 507-455-8246
Writer's email address: sjroesner@fedins.com

April 8, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Primary Source Insurance Agency, Inc.
Statement of Change of Registered Office/Agent**

To Whom It May Concern:

Enclosed for filing please find a Statement of Change of Registered Office/Agent form for the above-named company. Also enclosed is a check in the amount of \$35 to cover the filing fee.

If you have any questions, please do not hesitate to contact me at 507-455-5190 or sjroesner@fedins.com. Thank you for your assistance.

Respectfully,

A handwritten signature in cursive script, reading "Sarah J. Roesner".

Sarah J. Roesner
Senior Paralegal

Enclosures

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

1. The name of the corporation: Primary Source Insurance Agency, Inc.
2. The principal office address: 121 E. Park Square
Owatonna, MN 55060
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/1998 Document number: F98000004176
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Adrian P. Moore

4301 Anchor Plaza Pkwy., Suite 350

Tampa, FL 33634

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

Daniel T. Ramirez

4301 Anchor Plaza Pkwy., Suite 350

(P.O. Box NOT acceptable)

Tampa, FL 33634

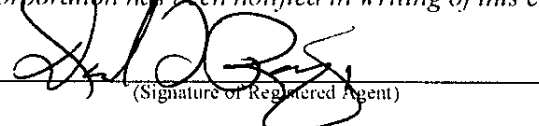
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

David W. Ramsey, V.P. - H.O. Mgr. - Agency Operations
(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)

4/14/08
(Date)

If signing on behalf of an entity:

Daniel T. Ramirez

(Typed or Printed Name)

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

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TALLAHASSEE, FLORIDA