

F98000004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Page 1 of 1
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JAN 09 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: F98000004176

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

sjroesner@fedins.com

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

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

**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: _____ 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: (If resigned, enter resigned)

Daniel T. Ramirez

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

5100 West Lemon Street, Suite 150

P.O. Box NOT acceptable

Tampa, FL 33607

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

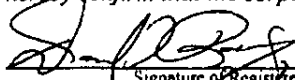
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David W. Ramsey, First V.P.

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

12-17-14
Date

If signing on behalf of an entity:

Daniel T. Ramirez

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 29 PM 2:50



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

December 18, 2014

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

**RE: Primary Source Insurance Agency, Inc.
Statement of Change of Registered Office or Registered Agent or Both
for Corporations Form**

To Whom It May Concern:

Enclosed for filing please find:

- 1) Statement of Change of Registered Office or Registered Agent or Both for Corporations 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 black ink, appearing to read "Sarah J. Roesner", is written over a horizontal line.

Sarah J. Roesner
Senior Paralegal

Enclosures