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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE PRIMARY SOURCE INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
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## COVER LETTER

TO: Amendment Section **Division of Corporations** 

Primary Source Insurance Agency, Inc.

Name of Corporation

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

1argot Mu

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

statement of cl	e provisions of sections 607.0502, 617.050 hange is submitted for a corporation orga der to change its registered office or regist	nized under the	laws of the State o	f Minnesota_	
1. The name o	f the corporation: Primary Source	e Insuran	ce Agency,	Inc.	
2. The principa	al office address: 121 EAST PARK	SQUARE	OWATONN	A, MN 55060	<del></del>
3. The mailing	g address (if different):				<del></del>
4. Date of inco	orporation/qualification: 7/22/1998	Docume	ent number: <u>F98</u>	000004176	
	nd street address of the current registered a nartment of State: (If resigned, enter resign RAMIREZ, DANIEL	ed)	tered office on file	with the	
	5100 WEST LEMON STREET		TE 150	_	
	TAMPA	FL	33607	office	~~
6. The name at (if changed)	nd street address of the new registered age ): Registered Agent Sol		-	- F	
	155 Office Plaza Dr.	Suite	Α		
	Tallahassee F.O. Box NOT		301		•
The street add	lress of its registered office and the street ill be identical.	address of the	business office of	fits registered agent,	
	was authorized by resolution duly adopted the board, or the corporation has been no				
	sel N. Keller	<u>Michae</u>	IN. Keller	Secretary	
I hereby accept further agree of performance cagent. Or, if the hereby confirs the confirst the	of the appointment as registered agent an e to comply with the provisions of all stat of my duties, and I am familiar with and of this document is being filed merely to refi m that the corporation has been notified i	nd agree to act tutes relative to accept the oblid lect a change to	in this capacity, the proper and control of my position of my position the registered of is change.	omplete ion as registered	
If signing on b	ochalf of an entity:				
Mackenzie	e Hart. Assistant Secretary				

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

Typed or Printed Name