

F98000005194

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
01 AUG 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-08/10/01--01038--004
****175.00 *****35.00

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Washington submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Crop Growers Insurance Services, Inc.
2. The mailing address of the corporation : 777 San Marin Drive
Novato CA 94998
3. Date of incorporation/qualification: 09/16/98 Document number: F98000005294
4. The name and address of the current registered agent and office:

Betsy L. Kushner, Fireman's Fund Insurance Companies
5310 Cypress Center Drive
Tampa FL 33609

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Betsy L. Kushner, Fireman's Fund Insurance Companies
4301 Anchor Plaza Parkway
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.

Julie A. Garrison
(Signature of an officer, chairman or vice chairman of the board)

July 31, 2001
(Date)

Julie A. Garrison
(Printed or typed name and title)

Asst. Sec.

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

8/6/01
(Date)

If signing on behalf of an entity:

Betsy L. Kushner
(Typed or Printed Name)

TEAM LEADER
(Capacity)

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