

F98000005423

(Requestor's Name)

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AR  
11/14/04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 954673 745557  
AUTHORIZATION : *Patricia Pijut*  
COST LIMIT : \$ 35.00

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ORDER DATE : November 3, 2004  
ORDER TIME : 10:56 AM  
ORDER NO. : 954673-030  
CUSTOMER NO: 7455557  
CUSTOMER: Ms. Vicki Rose  
The Ohio Casualty Insurance  
9450 Seward Road  
Fairfield, OH 45014  
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CHANGE OF AGENT

NAME: AVOMARK INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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

1. The name of the corporation: AVOMARK INSURANCE COMPANY
2. The principal office address: 9450 Seward Road, Fairfield, OH 45014
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/28/1998 Document number: F98000005423

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Tom Morton  
500 Winderley Place, Suite 200  
Maitland, FL 32751

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

Corporation Service Company  
1201 Hays Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

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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.

David L. Santez  
(Signature of an officer or director)

David L. Santez, Asst. VP  
(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.*

Corporation Service Company  
By Sylvia Queppet  
(Signature of Registered Agent)

11/03/04  
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP  
(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