

F99000001106

OFFICE USE ONLY (Document #)

IRWIN SIEGEL AGENCY, INC

(Requestor's Name)

PO Box 309

(Address)

ROCK HILL, NY 12775

(City, State, Zip)

(Phone #)

800004339068--3

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 #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
01 JUN -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP
6/4/01

Fee is waived because
we inappropriately
allowed Reg. Agt. to
change from "individual"
to "Insurance Commissioner"
this form changes from
"Commissioner" to "service Co."

Examiner's Initials **KB**

per Dept. of Insurance

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 NEW YORK 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 : IRWIN SIEGEL AGENCY, INC
2. The mailing address of the corporation : P.O. BOX 309
ROCK HILL, NY 12775
3. Date of incorporation/qualification: 2/26/99 Document number: F99 — 1106
4. The name and address of the current registered agent and office:

INSURANCE COMMISSIONER

CAPITOL

TALLAHASSEE, FL 32399-0300

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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.

(Signature of an officer, chairman or vice chairman of the board)

05/07/01
(Date)

HOWARD A. SIEGEL, PRESIDENT
(Printed or typed name and title)

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 of Registered Agent)

5/15/2001
(Date)

If signing on behalf of an entity:

LINDA J. SNOOK
(Typed or Printed Name)

AUTH. REP.
(Capacity)

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

N/A applicable

FILED
01 JUN -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA