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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CTPROCOMPLY
Account Number : I20100000053
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: olong@theinsco.com

REGISTERED AGENT CHANGE
ALLIED SPECIALTY INSURANCE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

1. The name of the corporation: ALLIED SPECIALTY INSURANCE, INC.
2. The principal office address: 10451 Gulf Boulevard, Treasure Island, Florida 33706-4814
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/8/1983 Document number: G48061
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)

KEEFE, SHARON L CPO

10451 GULF BOULEVARD

TREASURE ISLAND FL 33706-4814 US

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

C T Corporation System

1200 South Pine Island Road, Plantation, Florida 33324

P.O. Box NOT acceptable

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.

Mark Williams
Signature of an officer or director

Mark Williams, Vice-President
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.

Mark Williams
Signature of Registered Agent

29th day of May, 2012
Date

If signing on behalf of an entity:

Mark Williams, AVP

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 (3/03)

Teax Audit # 412000141753 2

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