

L07000000 9594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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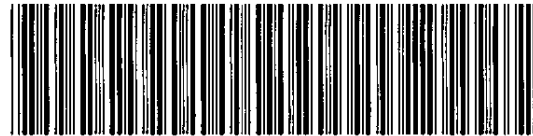
(Business Entity Name)

(Document Number)

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09 JUN 15 AM 8:35 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUN 16 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 034841 10041A

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
09 JUN 15 AM 8:35
TALLAHASSEE, FLORIDA

ORDER DATE : June 12, 2009

ORDER TIME : 9:30 AM

ORDER NO. : 034841-004

CUSTOMER NO: 10041A

CHANGE OF AGENT

NAME: HARDIN INDEMNITY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HARDIN INDEMNITY, LLC

2. (a) Principal office address of limited liability company: 4224 W. Henderson Boulevard
(Note: **MUST BE STREET ADDRESS**) Tampa, Florida 33629

(b) Mailing address of limited liability company: 4224 W. Henderson Boulevard
(Note: **MAY BE POST OFFICE BOX**) Tampa, Florida 33629

01/26/2007

3. Date of filing/registration in Florida

L07000009594

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Jane Phillips

Registered Office Address:

4224 W. Henderson Boulevard
Tampa, FL 33629

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Corporation Service Company

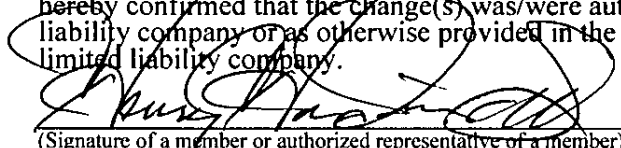
NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Henry C. Hardin, III

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michelle R. Vannoy
(Signature of Registered Agent) Michelle R. Vannoy, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00