

11/15/2010 15:55

850-245-2000

DEPT OF STATE

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Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

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: cloria@euclidinsurance.com

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Certificate of Status	0
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Estimated Charge	\$25.00

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NOV 16 2010

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**EXAMINER**

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Fax Audit # - H100002468483

**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: Euclid Insurance Agencies, LLC
2. (a) Principal office address of limited liability company: 234 Spring Lake Drive,  
Itasca, Illinois 60143  
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 234 Spring Lake Drive,  
Itasca, Illinois 60143  
(Note: MAY BE POST OFFICE BOX)
- 11/29/2007 L07000119344
3. Date of filing/registration in Florida
4. Document number

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

Registered Agent: PAUL ZIZZO  
 Registered Office Address: 4450 W. EAU GALLIE BLVD., STE. 104  
MELBOURNE FL 32934

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

NEW Registered Agent: CT Corporation System  
NEW Registered Office Address: 1200 South Pine Island Road,  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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  
John Ellis, President of Euclid Insurance Services, Inc., Managing Member of  
Euclid Insurance Agencies Holdings, LLC, Member  
 Printed or typed name of signer

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.

Mark Williams, AVP CT Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00

DNHS18 (05/08)

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TOTAL P.02