

M08 000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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S. CHATHAM

AUG 10 2023

2023 AUG -9 AM 11:09  
CLERK OF SUPERIOR COURT  
CHATHAM COUNTY, MA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 924969 7941640

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 8, 2023

ORDER TIME : 9:14 AM

ORDER NO. : 924969-008

CUSTOMER NO: 7941640

CHANGE OF AGENT

NAME: MIDWEST GENERAL INSURANCE  
AGENCY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: MIDWEST GENERAL INSURANCE AGENCY L.L.C.

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

300 SOUTH BRADFORDTON

SPRINGFIELD, IL 62711

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

300 SOUTH BRADFORDTON

SPRINGFIELD, IL 62711

07/15/2008

M08000003318

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:

Paracorp Incorporated

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, FL 32301

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

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.

/S/ Courtney Kolenda

Signature of a member or authorized representative of a member

Courtney Kolenda, Authorized Person

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 605, 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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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

**FILING FEE: \$25.00**