

8/1/2018

Division of Corporations

MO900003185
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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**LLC REGISTERED AGENT CHANGE
 MAG MUTUAL INSURANCE AGENCY, LLC**

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 AUG 03 2018

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: MAG Mutual Insurance Agency, LLC

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

3535 Piedmont Road NE Building 14, Suite 1000 S

Atlanta, GA 305

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

08/17/2009

M09000003185

3. Date of filing/registration in Florida

4. Document number

5. (a) Canterbury, Steve

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8427 Southpark Circle #130

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32819

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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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

Jennifer Kurz

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

Alfred Younan

Assistant Secretary

By: C T Corporation System
Signature of Registered Agent

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