Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003226253)))



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To:

Division of Corporations

Fax Number : (350) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

REGISTERED AGENT CHANGE

U.S.A. INSURANCE MARKETING INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

PLEASE HONOR ORIGINAL SUBMISSION DATE OF \$\textit{2}/8\$

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DEC 19 2017 T. LEANETT N

J.

12.00

COVER LETTER

SUBJECT: U.	S.A. Insurance Marketing Incorporated
<u>-</u>	Name of Corporation
OCUMENT	NUMBER:
The enclosed S	statement of Change of Registered Office/Agent and fee are submitted for filing.
lcase return a	Il correspondence concerning this matter to the following:
	Steven A. Hensley
	Name of Contact Person
	LTC Global, Inc.
	Firm/Company
	843 Alder Creek Dτ Ste Λ
	Address
	Medford, OR 97504
	City/State and Zip Code
	shensley@ltcglobal.com
	E-mail address: (to be used for future annual report notification)
or further into	rmation concerning this matter, please call:
Megan Salazar	925 948-1914 at()
steBm gerever	Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ			
	er to change its registered office or regist		= = = = = = = = = = = = = = = = = = = =	-
1. The name of	the corporation: U.S.A. Insurance Marketin	ng Incorporated		
	l office address: 1525 NW 3RD STREET S		L 33442	
3. The mailing	address (if different): 1150 Corporate Offic	ce Dr Milford, MI 48381		
4: Date of incor	poration/qualification: 06/22/1988	Document number: M874	54	
	d street address of the current registered a rument of State: (If resigned, enter resigned		with the	
	COGENCY GLOBAL INC.			
	155 OFFICE PLAZA DRIVE			
•	TALLAHASSEE, FL 32301		_	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered	office 2	
	C T Corporation System		E E	
	c/o C T Corporation System, 1200 South P	ine Island Road	ેંડેડ - ે છ	
	P.O. Box NOT Plantation, Florida 33324	`acceptable	71 D	
				5
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	f igg registered agen	it,
Such change we authorized by the	as authorized by resolution duly adopted by ard, or the corporation has been not	by its board of directors or by a tified in writing of the change.	in officer so	
	ar of an billiter or durector	Steven A. Hensley, Senior VP		
I hereby accent	the appointment as registered agent and	Printed or typed name and d agree to act in this curucity		
I further agree of performance of agent. Or, if the	to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified is	ites relative to the proper and c ecept the obligation of my positi ect a change in the regislered of	omplete ion as registered Jice address, I	
By: CT Corporation System		12/01/2017		
Sig	liabne of Registered Agent	Date		
If signing on be	half of an entity:			
Stephanie Bochm	n, Assistant Secretary			
T	yped 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 (03/12)