

No 2000007648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

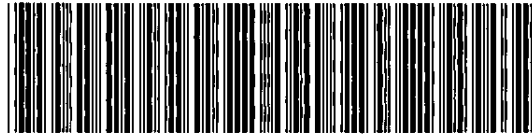
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10

Office Use Only



800174732678

04/28/10--01002--003 **35.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 APR 27 PM 2:56
FOR FILING
TO ACHIEVE
SUFFICIENCY OF FILING

R.A. Chong
C.COULLIETTE

APR 27 2010

EXAMINER

FILED
10 APR 27 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Property and Casualty Association/Agents-CC
Name of Corporation

DOCUMENT NUMBER: N02000007648

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles J. Grimsley
Name of Contact Person

Argus Fire & Casualty Insurance Company
Firm/Company

3909 NE 163rd Street, Suite 304
Address

North Miami Beach, FL 33160
City/State and Zip Code

cgrimsley@argusinsgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles J. Grimsley at (305) 521-0400
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Property and Casualty Association/Agents-CCE, Inc.
2. The principal office address: 6753 Thomasville Rd., Suite 108-323
Tallahassee FL 32312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/07/2002 Document number: N02000007648
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles J. Grimsley

1313 NW 167th Street

Miami Gardens, FL 33169

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles J. Grimsley

3909 NE 163rd Street, Suite 304

P.O. Box NOT acceptable

North Miami Beach, FL 33160

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Charles J. Grimsley
Signature of an officer or director

CHARLES J. GRIMSLEY CHAIRMAN
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Charles J. Grimsley
Signature of Registered Agent

APRIL 20, 2010
Date

If signing on behalf of an entity:

Typed 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 (8/05)

FILED
10 APR 27 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA