## N05000010584

(Reque	estor's Name)				
(Addre	ss)				
(Addre	ss)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Busin	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					





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##35.00 **18/19--01021--011 \*\***35.00



R. WHITE 00T 0.2 203



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 17, 2019

Order#: 873447/281

Re: BROWN & BROWN DISASTER RELIEF FOUNDATION, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX \_\_\_ Return Regular Mail in the enclosed envelope.

Attn:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	inge is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida 3 rporation organized under the laws of the State of [ l office or registered agent, or both, in the State of F	FL	this	_
1. The name of	the corporation: BROWN	& BROWN DISASTER RELIEF FOUNDATION, IN	۷C.		
2. The principal	office address: 655 N. Fr	anklin Street Suite 1900 Tampa, FL 33602			
3. The mailing a	address (if different): 220	S. Ridgewood Ave. Daytona Beach, FL 32114			
4. Date of incor	poration/qualification: 10	Document number: N050000	010584		
	d street address of the cur rtment of State: (If resign	rent registered agent and registered office on file weed, enter resigned)	ith the		
	C T CORPORATION S	YSTEM			
	1200 SOUTH PINE ISL	AND ROAD			
	PLANTATION, FL 3332	24		2019	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		fice	19 SEP 18		
	Corporation Service Co	mpany		3 A:H	. • •
	1201 Hays Street			<del></del>	أومسونا
	Tallahassee	PO Box NOT acceptable FL 32301	***	26	
The street address changed will	ess of its registered office the identical.	e and the street address of the business office of it	s registe	red ag	ent.
Such change wa authorized by the	as authorized by resolution he board, or the corporate	on duly adopted by its board of directors or by anion has been notified in writing of the change.	officer s	0	
	Ziu E. Cionii	Jill Cilmi, Vice President	···		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provi my duties, and I am fam its document is being file	Printed or typed name and till stered agent and agree to act in this capacity, sions of all statutes relative to the proper and contiliar with and accept the obligation of my position d merely to reflect a change in the registered office been notified in writing of this change.	iplete 1 as regi	stered ss, I	
By: Yno	cat-Kuble	09/12/2019			_
Significan be	chalf of an entity:	Date			
•	, Assistant Vice Presiden	ıt			
	Sped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*