

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:			

REGISTERED AGENT CHANGE FCCI MUTUAL INSURANCE HOLDING COMPANY

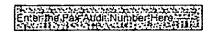
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lectionic Filing Menu

Corporate Filing Menu

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C. GOLDEN OCT 2 4 2018



H18000306546 3

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: FCC! MUTUAL INSURANCE HOLDING COMPANY							
Name of Corporation							
DOCUMENT NUMBER: N9800005100							
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:							
Jaclyn Wright							
Name of Contact Person							
Registered Agent Solutions, Inc.							
Firm/Company							
1701 Directors Blvd, Ste 300							
Address							
Austin, TX 78744							
City/State and Zip Code							
lpike@fcci-group.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jaclyn Wright Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number							
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

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

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

CR2E045 (03/12)

10/23/18 08:54AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176380 Pg 3/3

H18000306546 3

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation or to change its registered office or r	organized under the laws of the	State of Florida					
1. The name of	the corporation: FCCI MUTUAL	. INSURANCE HOLDING	G COMPANY	,				
2. The principal office address: 6300 UNIVERSITY PARKWAY, SARASOTA, FL 34240								
3. The mailing of	address (if different):							
4. Date of incor	poration/qualification: 09/08/199	Document number:	N98000005	100				
	d street address of the current register rtment of State: (If resigned, enter re		on file with the					
	KOVAL, THOMAS A							
	6300 UNIVERSITY PARKW. SARASOTA, FL 34240		SLÜRETAR TALLAH	F 11.				
SARASOTA, FL 34240 AND 6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):				e M e e				
	Registered Agent Solutio 155 Office Plaza Dr., Suit			55				
		x NOT acceptable	**					
The street address changed will	ess of its registered office and the s	treet address of the business of	ffice of its regist	ered agent,				
	as authorized by resolution duly ad- he board, or the corporation has bee							
	lina Welch	Christina Welch	•	orate Secretary				
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	l statutes relative to the proper and accept the obligation of m o reflect a change in the regisli	acity. r and complete v position as reg	istered ess, I				
	y C	10/23/2018						
	patyle of Registered Agent chalf of an entity:	Date	:					
	rell - Assistant Secretary Sped or Printed Name							

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

MAKE CHECKS PAYARIE TO FLORIDA DEPARTMENT O